

# PREA Facility Audit Report: Final

Name of Facility: St. Louis Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/16/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Valarie Carissa Kusiak	Date of Signature: 05/16/2019

AUDITOR INFORMATION	
Auditor name:	Kusiak, Valarie
Address:	10745 State Route #18, Albion, PA 16475
Email:	vkusiak@pa.gov
Telephone number:	(814) 756-9728
Start Date of On-Site Audit:	04/03/2019
End Date of On-Site Audit:	04/05/2019

FACILITY INFORMATION	
Facility name:	St. Louis Correctional Facility
Facility physical address:	8585 N. Croswell Road, St. Louis, Michigan - 48880
Facility Phone	(989) 681-6444
Facility mailing address:	8585 N. Croswell Road, St. Louis, Michigan - 48880
The facility is:	County Federal Municipal <input checked="" type="checkbox"/> State Military Private for profit Private not for profit
Facility Type:	<input checked="" type="checkbox"/> Prison <input type="checkbox"/> Jail

Primary Contact			
Name:	Mary Mitchell	Title:	PREA Analyst
Email Address:	MitchellM9@michigan.gov	Telephone Number:	(517) 281-5956

Warden/Superintendent			
Name:	Robert Vashaw	Title:	Warden
Email Address:	VashawR@michigan.gov	Telephone Number:	(989) 681-6444

Facility PREA Compliance Manager			
Name:	Brandon Hull	Email Address:	HullB3@michigan.gov

<b>Facility Health Service Administrator</b>			
<b>Name:</b>	<b>Meg Zamora</b>	<b>Title:</b>	<b>Healthcare Unit Manager</b>
<b>Email Address:</b>	<b>Zamoram@michigan.gov</b>	<b>Telephone Number:</b>	<b>(989) 681-6444</b>

<b>Facility Characteristics</b>		
<b>Designed facility capacity:</b>	<b>1176</b>	
<b>Current population of facility:</b>	<b>1126</b>	
<b>Age Range</b>	<b>Adults: 18 +</b>	<b>Youthful Residents: N/A</b>
<b>Facility security level/inmate custody levels:</b>	<b>IV</b>	
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	<b>338</b>	

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

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

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



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<b>Auditor Full Name as Signed:</b> Valarie Carissa Kusiak	<b>Date of Signature:</b> 05/16/2019

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<b>Address:</b>	
<b>Email:</b>	vkusiak@pa.gov
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<b>Facility Type:</b>	<input type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Warden/Superintendent			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility PREA Compliance Manager			
<b>Name:</b>		<b>Email Address:</b>	

Facility Health Service Administrator			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility Characteristics		
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AGENCY INFORMATION	
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Agency Chief Executive Officer Information:			
<b>Name:</b>	Heidi E. Washington	<b>Title:</b>	Director
<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 St. Louis Correctional Facility (SLF) within the Michigan Department of Corrections (MDOC) was conducted from April 3- April 5, 2019, pursuant to the audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections, and Wisconsin Department of Corrections. This consortium conducts circular audits in which these states have agreed to conduct the required audits at no charge but rather in a round-robin format with one another. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. This is SLF's second PREA audit as the facility was audited in 2015. I, Valarie Kusiak a Department of Justice Certified PREA Auditor, was assisted during this audit by Department of Justice Certified PREA Auditor Grace Franks, and PREA Administrative Officer Brenda Atkin.

This auditor sent Audit Notices to be posted throughout the institution on February 15, 2019 with a deadline to post no later than February 18, 2019. The auditor requested date stamped photos of various locations with the notices posted. On February 19, 2019 the Regional PREA Analyst sent an email with six photos of the notice posted in various locations. The auditor received one letter prior to the audit and one letter after the on-site portion of the audit was completed. The auditor did not interview the inmate that submitted the correspondence prior to the onsite audit as it was inappropriate and had nothing to do with PREA. This auditor forwarded the second correspondence to the Regional PREA Analyst for further investigation as it was received post-onsite audit. This auditor noted that notices were posted at the entrance, throughout the facility, and in common areas during the on-site portion of the audit. These factors provide evidence that it was made available to the population.

Due to technical difficulties the PREA Online Auditing System (OAS) account was able to be created on March 15, 2019 however SLF will not be utilizing. The PREA Coordinator and PREA Analyst provided relevant policy and audit documentation for review on March 18, 2019 downloaded onto an encrypted flash drive. All documentation was uploaded into the OAS by the auditor for the completion of this report. A review of pre-audit documentation took place in advance of the on-site portion of the audit. This auditor requested additional documents, numbers, and clarification throughout this process. After the on-site portion of the audit, additional documentation was received which included requested documentation from the on-site audit, 10 additional investigations, and evidence of corrective actions taken.

The auditors arrived on-site at approximately 1300 hours on April 3, 2019. The auditors were greeted by Warden, PREA Coordinator, agency PREA Analyst, agency PREA Manager, several senior managers, and administrative staff within the facility. An entrance meeting took place shortly after arrival. Introductions were made and logistics for the audit were planned during this thirty minute meeting. This auditor requested that a current inmate and staff rosters be provided with specialized staff and inmates highlighted. The auditor spent twenty minutes identifying staff and inmates for both specialized and

random interviews. The selection process for the 42 random inmates consisted of ensuring inmates were randomly chosen from every housing unit, taking into consideration, age, race, and risk assessment score. On the initial day of the audit there were 1,126 inmates housed at SLF. Their average population within the previous 12 month period is 1,130 inmates. The facility has a maximum capacity of 1,176 inmates. The 17 specialized inmates were chosen at random ensuring to get inmates from different housing units. Inmate interviews took place near the visiting room to maintain anonymity with the exception of Housing Units #1 (adaptive skills residential program unit) and #7 (Segregation) which took place on the Housing Unit due to the nature of the units.

The random staff were chosen by shift too include officers from every housing unit ensuring female representation for a total sample of 20 random staff interviews. The 28 specialized staff interviewed were: the Assistant Deputy Warden, PREA Coordinator, PREA Manager, an intermediate staff member, three medical staff, two mental health staff, human resource staff, SANE nurse (via telephone), grievance coordinator, one volunteers, three contractors, two investigative staff at facility and agency level, two staff who perform screening for risk of victimization and abusiveness, staff on the incident review team, two designated staff member charged with monitoring retaliation, two first responders, intake staff, Just Detention International, and a MSP State Trooper. The interviews were conducted in a private room within the Administrative Complex. Interviews followed the format laid out by the PREA Resource Center's interview templates for both random and specialized category of staff and inmates. The on-site portion of the facility audit commenced immediately with auditors Valarie Kusiak and Grace Franks inspecting the facility together, while Brenda Atkin began conducting staff and inmate interviews.

The auditor was unable to complete the following specialized interviews staff due to the matters not being applicable, line staff who supervise youthful inmates, education and program staff who work with youthful inmates; youthful inmates are not housed at the facility, Non- Medical Staff involved in cross gender searches; no such searches performed, and the agency contract administrator; the agency does not contract for the confinement of its inmates.

After the entrance meeting the auditor was given a tour of all areas of the facility. This included seven housing units, education, programming, administrative, chapel, library, control center, visitation areas, intake, medical (including exam rooms), recreation, psychology, yards, and kitchen/dining hall area. The outbuildings include: maintenance and warehouse where only Level 1 inmates have access under escort by a staff member and escorts are never one-on-one.

During the inspection, informal interviews were conducted with multiple inmates and staff in each area inspected throughout the facility. These informal and spontaneous interviews proved useful in determining facility culture and were used to supplement the formal random interviews in determining compliance with the standards. The auditor sampled a eight random inmate files between the two ARUS's, to verify inmate PREA education and PREA risk screening. While on the housing unit, staff who fulfilled the role of ARUS (Assistant Residential Unit Supervisor) or RUM (Residential Unit Manager) were asked to access the MDOC's computer database to show movement dates of the inmates that were then compared against educational records and risk screening dates as a means of verifying the practice of assessment and education and they were then compared to the files selected from the ARUS.

This auditor had the opportunity to review six employee files with the Human Resource Director (HR) which has files for all 338 personnel. Two new hires, one transfer, and one personnel file of an individual who was promoted with in the last year. Criminal background checks are completed, training was up to date and completed by the staff who files were reviewed. The auditor had the HR Director walk through

the OA automated system to show where the new hires were asked if they had any substantiate sexual misconduct in the past. This process was also shown for the recent transfer and staff promoted. Locally only the HR staff can view the actual questionnaire and answers provided in regards to PREA. It was confirmed through the file review of random staff and random staff interviews that annual PREA training is completed. The specialized training needed by investigators was confirmed through two file reviews of the staff noted as being assigned to PREA investigations, this is completed prior to being assigned investigations. PREA is being considered for all employees whether newly hired, transferred, or promoted.

The auditor observed the facility's camera monitoring system within the Control Center to verify that cameras were positioned in such a way as to provide excellent coverage of the housing units, yet afforded privacy in bathroom/shower areas of the facility. The facility currently has a total of 212 cameras which were operational on the day of the audit. The auditor had the CCTV operator go through each camera. The only issue noted by the auditor was the angle of the camera in the gymnasium. A corrective action was required so that the camera could view the ingress/egress of the East Side gymnasium hallway as well as the staff office entrance. The corrective action took place and photo verification was sent to the auditor on April 10, 2019 to satisfy the deficiency. The current system was one that provided excellent coverage of all common areas of the facility with the ability to digitally obscure the view of the toileting areas of observation cells to prevent opposite gender viewing. A privacy notice was posted in each of the housing units, reminding inmates of the potential for opposite gender staff to view them. Inmates 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. On the inspection tour, the auditor took notice to the "Knock and Announce" signs posted at the entrance to each housing unit, reminding opposite gender staff of the obligation to knock and verbally announce their presence before entering the housing unit. This auditor observed opposite gender announcements were consistently made. Following the knock and announce, opposite gender staff waited approximately 10 seconds prior to entering the housing unit. On each housing unit, a memo was found to be posted on the bulletin boards notifying the inmates that the facility's PREA "An End to Silence" handbook was located in the Library. PREA posters with reporting information and the PREA audit notice were placed in every housing unit and in common areas. It was obvious that the staff and administration have put extensive thought and consideration into PREA implementation regarding the sexual safety of the population in the placement of the additional cameras. The inspection of the facility lasted the remainder of the day and the auditors exited the facility after an exit briefing at 1800 April 3, 2019.

The auditors arrived on-site at approximately 1030 hours on April 4, 2019 and were greeted by key facility administrative staff in preparation for the second day of the audit. Audit logistics were discussed and the auditor provided the facility with the names of the random staff and inmates selected for interviews based upon the daily rosters. The auditors continued with the on-site tour of the remaining housing units and outbuildings of the institution while Ms. Atkin continued the staff and inmate interviewing process. Overall, a total of 42 random inmates were selected with all of them agreeing to be interviewed. The following 17 specialized targeted inmates were interviewed: inmate with a physical disability, inmate who is blind deaf, or hard of hearing, inmates who are limited English proficient (LEP), inmates with a cognitive disability, inmate who reported sexual abuse, inmates who reported sexual victimization during risk screening, inmates in segregation, inmates who identify as LGB, and inmates who identify as transgender or intersex; for a total of 59 inmate interviews between random and targeted. The following targeted interview was not conducted as it was not applicable to this facility at the time of the on-site portion of the audit; youthful inmate,

Once the on-site inspection of the facility was complete the auditors reviewed ten facility investigations. Of the ten facility investigations, there were two Staff Sexual Harassment (1 Unfounded, 1 Unsubstantiated), four Prisoner/Prisoner Sexual Misconduct (1 Unfounded, 2 Unsubstantiated, 1 substantiated); and four Staff Sexual Misconduct (2 Unfounded, 1 Unsubstantiated, 1 Substantiated). A total of eight investigations were selected and sent to the auditor for review during the pre-audit portion. The facility provided these investigations to the auditor via email prior to the physical audit. All 18 reviewed investigations were a thorough selection of different types of allegations to include how they were reported, the type of report, were the allegations against staff or inmate. Upon completion of documentation reviews, the auditors were led to their respective offices and all three commenced with simultaneous interviews of 1800-0600 staff. At the conclusion of these interviews, there was an exit briefing held with the auditors and the administrative team. The auditors departed the facility at 1930 on April 4, 2019.

The auditors arrived at 0830 on April 5, 2019. A list of remaining interviews was provided to the facility and Ms. Atkin immediately left to conduct the interviews. The auditors continued documentation review, revisited areas of concern, and provided the facility a list of additional documents and corrective actions needed. A discussion took place between the auditor and key facility and agency staff on matters that were discovered during both the review of pre-audit documentation and issues raised on-site. The auditors conducted an exit briefing with facility staff and departed the facility at approximately 1500 on April 5, 2019. The auditor explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the agency PREA Analyst and facility PREA Coordinator.

Throughout the pre-audit, on-site audit, and post audit, open and positive communication was established between the auditor, the agency, and facility staff. During this time, the auditor discussed all concerns with PREA Coordinator and PREA Analyst, who filtered request to the appropriate staff. Through a coordinated effort by the agency staff and St. Louis Correctional Facility staff, all informational requests corrective action requirements made by the auditor were accommodated prior to the completion of this report.

## 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 St. Louis Correctional Facility opened in 1999 in Gratiot County. It is located on 67 acres in St. Louis, Michigan. The Facility has seven separate housing units: five that house general population inmates, one that serves as a segregation unit, and one that is an adaptive skills residential program unit. The Facility's perimeter is surrounded by two fences with razor-ribbon wire on the side and top of the outer fence. The inner fence is equipped with a detection device and has a row of razor-ribbon wire affixed to the top. The perimeter is also monitored by an electronic detection system and is patrolled by an armed vehicle 24 hours per day. The facility has armed gun towers to complement its other security measures. There are 212 PTZ and fixed cameras with recording capabilities within the facility.

St. Louis Correctional Facility is a Level IV, adult, male facility with a maximum capacity of 1,176 inmates. St. Louis Correctional Facility employs 338 staff who have contact with inmates, of which 23 were hired in the past 12 months. SLF has 23 contracts with 78 contractors who may have contact with inmates, and 4 volunteers who may have contact with inmates. On the first day of the on-site audit the inmate population was 1,126, on the second day 1,125, and the third day the population was 1,126. There were 677 inmates admitted to the facility in the last twelve months, 642 had a length of stay lasting more than thirty days, 666 had a length of stay lasting more than 72 hours, and 8 current inmates were admitted prior to August 20, 2012. The average length of stay is 1 year, 4 months, and 20 days. The security command structure at St. Louis Correctional Facility is as follows, Warden, Deputy Warden, Assistant Deputy Warden, Inspector, Captain, Lieutenant, Sergeant, Correctional Officer. Correctional staff must conduct rounds every half hour. There are two shifts; 0600-1800, 1800-0600. Each housing unit is staff with two correctional officers and an assistant resident unit supervisor. The General Population housing units, #1-#6 are double-celled with each housing unit having an A wing and B wing with a capacity of 96 beds per wing. The exceptions are Housing Unit #7, Segregation, which all inmates are single-celled for a total of 96 beds and Housing Unit #1 in which one wing only has a 40 bed capacity. All cells have a toilet and sink and the showers are all individual on every unit.

The facility consists of 12 buildings. The Administration, Programs/Activities/Education, Food Service/Medical/Psychology/Intake, Maintenance, Warehouse, and seven housing units. Each unit has individual yards with telephone access and there is one large yard with telephone access, a weight-pit, and restrooms. There is ample camera coverage to include cameras within the weight-pit. Programming at St. Louis Correctional Facility consists of reentry preparation, psychological counseling, Strategies for Thinking Productively, Cage Your Rage, and Substance Abuse Treatment. The facility offers academic programs to provide for Adult Basic Education through the completion of a General Education Development (GED) certification. In addition, the Facility offers special education services, general and law library services, religious services, recreational programs, and a barber shop.

St. Louis Correctional Facility has medical services on site for routine medical care and dental care. They offer telemedicine for medical and psychological needs. Any serious medical problems are treated at the Department's Duane L. Waters Health Care in Jackson and emergencies are referred to the Sparrow



## 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

SUMMARY OF AUDIT FINDINGS Number of standards exceeded: 0

Number of standards met: 45

Number of standards not met: 0

Number of standards not applicable: N/A

Number of Standards Met: 45

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

Corrective Actions:

115.13 (a). The PREA Manual specifies the eleven factors enumerated within provision of this standard are taken into account when developing the staffing plan for MDOC prisons. The facility staffing plan, dated 05/01/2018 verifies that all eleven factors within this provision of this standard were considered in the formulation of the current facility staffing plan.

Corrective Action: The facility currently has 212 operational cameras which are a mixture of PTZ and stationary cameras. SLF has extraordinary camera coverage in all areas viewed by this auditor. All 212 camera views were reviewed by this auditor. This auditor had an issue with 1 out of the 212 views. This

was in the gymnasium and the camera angle did not adequately cover the ingress/egress of the East Side hallway leaving a blind-spot. Corrective Action: The camera needs to be angled to cover the ingress/egress within the East Side entrance and office door. On April 10, 2019 the PREA Coordinator emailed this auditor pictures of the camera view after the adjustment. The new angle covers areas of concerns and satisfies this auditor.

115.15 (f)- 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?

Corrective Action was requested by this auditor regarding pat search training for transgender and intersex inmates to ensure staff understood the verbiage, when to use this method, and how to use this method. The PREA Analyst provided this auditor with documentation showing that a refresher training was schedule for the 2019 annual training that is required of all staff. This training was pulled statewide. The corrective action agreed upon was to provide a reminder to the staff regarding the pat searches of transgender and intersex inmates. On April 15, 2019 an email was distributed to all staff at the St. Louis Correctional Facility from the PREA Coordinator. The email directed staff that all prisoners who identify as transgender/GD must be searched in a professional and respectful manner and described the proper technique for searching the breast and groin areas for transgender/GD prisoners. As per the PREA Analyst the goal is to get the GD/Transgender Personal Search course back into the annual required training plan for next year. The staff knew the proper technique when prompted with, the "Praying Hands" method. A refresher for staff was given on April 15, 2019 which satisfied this auditor. The corrective action is sufficient to meet this provision of this standard.

115.41 (a, b, f): 115.41 As per the PREA Manual, PREA Risk Assessment Manual, and policy directive 03.03.140; a PREA Risk Assessment shall be completed within 72 hours of the inmate's arrival at a correctional facility, this includes transfers. During the facility tour the auditor conducted two informal interviews with ARUS's who are responsible for risk screening and three ARUS's were formally interviewed. They reported that they screen inmates upon admission to the facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Of the forty-two random interviews conducted during the on-site audit phase, nineteen of them entered the facility within the last twelve months, ten of those inmates reported that they were asked questions regarding their history of sexual abuse, sexual or gender identity, or feelings regarding risk of sexual abuse They reported these questions were asked within one to three days. The remaining nine inmates reported that they were not asked such questions. This auditor was unable to determine compliance with this provision of the standard. The PREA Analyst developed a refresher training with all ARUS's who are responsible for completing the risk screening, which occurred on April 17, 2019. The training addressed that the risk assessments must be completed face-to-face with the inmate upon entry within 72 hours and within 30 days. A copy of the training was provided to this auditor. Corrective action was completed on April 22, 2019 when this auditor received confirmation of the training which was held on April 17, 2019. The training was attended by all ARUS's. The Individual Training Program Report and meeting minutes were provided to this auditor. The refresher training was conducted by the PREA Coordinator and was provided to the RUM's and ARUS's. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets in present, and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed; 3) confidentiality, 4) notification requirements, 5) referrals. This auditor is satisfied that



this training corrects the deficiencies identified during the audit.

115.41 (a). As per the PREA Manual, PREA Risk Assessment Manual, and policy directive 03.03.140; a PREA Risk Assessment shall be completed within 72 hours of the inmate's arrival at a correctional facility, this includes transfers. During the facility tour the auditor conducted two informal interviews with ARUS's who are responsible for risk screening and three ARUS's were formally interviewed. They reported that they screen inmates upon admission to the facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Of the forty-two random interviews conducted during the on-site audit phase, nineteen of them entered the facility within the last twelve months, ten of those inmates reported that they were asked questions regarding their history of sexual abuse, sexual or gender identity, or feelings regarding risk of sexual abuse. They reported these questions were asked within one to three days. The remaining nine inmates reported that they were not asked such questions. This auditor reviewed the Risk Assessment tracker and compared it to the dates that eight inmates arrived with the dates of the 72 hour and 30 day assessments entered into the tracker. The eight assessments were being conducted in compliance with the timelines of this standard. The three staff interviews that perform risk screenings indicated that the Risk Assessments are being conducted on the date of reception or shortly thereafter by a trained staff member.

Due to the responses of the 9 out of 19 inmates interviewed that arrived within the past 12 months, this auditor was unable to determine compliance with this provision of the standard. After further investigation the auditor determined that all ARUS's were completing the assessments at appropriate times however, some were conducting the interviews face-to-face while others were completing by a chart review only. This explained the disparity amongst the responses from the inmates. The PREA auditor determined corrective action was necessary and the staff conducting assessments needed to be retrained specifically on the assessments being conducted face-to-face. The PREA Analyst developed a refresher training with all ARUS's who are responsible for completing the risk screening, which occurred on April 17, 2019. The training addressed that the risk assessments must be completed face-to-face with the inmate upon entry within 72 hours and within 30 days. A copy of the training was provided to this auditor. Corrective action was completed on April 22, 2019 when this auditor received confirmation of the training which was held on April 17, 2019. The training was attended by all ARUS's. The Individual Training Program Report and meeting minutes were provided to this auditor. The refresher training was conducted by the PREA Coordinator and was provided to the RUM's and ARUS's. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets in present, and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed in person; 3) confidentiality, 4) notification requirements, 5) referrals. This auditor is satisfied that this training corrects the deficiencies identified during the audit.

(b). MDOC Policy dictates that risk assessments are to be conducted within 72 hours of the inmate's arrival at the facility. St. Louis Correctional Facility reports that 666 inmates entered the facility within the last twelve months whose length of stay was 72 hours or more, all were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of entry into the facility. Three staff responsible for performing risk screening interviewed formally and two informally throughout the facility tour report conducting the risk screening within 72 hours of the inmates arrival to the facility. As with provision a. of this standard inmate interviews revealed that nine of the inmates interviewed do not recall having a risk screening completed upon arrival at the facility. In response to the interview results, the PREA Analyst developed a training which was conducted with all ARUS's who are responsible for completing the risk screening. The training addressed that the risk assessments must be completed face-to-face with the inmate upon entry within 72 hours and within 30 days. A copy of the training was

provided to this auditor. Corrective action was completed on April 22, 2019 when this auditor received confirmation of the training which was held on April 17, 2019. The training was attended by all ARUS's. The Individual Training Program Report and meeting minutes were provided to this auditor. The refresher training was conducted by the PREA Coordinator and was provided to the RUM's and ARUS's. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets if present and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed in person; 3) confidentiality, 4) notification requirements, 5) referrals. This auditor is satisfied that this training corrects the deficiencies identified during the audit.

(f).The MDOC PREA Manual and PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for risk assessment completion. The facility's reassessment process consists of three questions, two of which are certification by the assessor that the original victim and aggressor instruments are accurate.

During the on-site portion of the audit, fifteen inmate files were randomly sampled on the housing units. During this sampling, staff at the facility were asked to pull up computerized movement records of the selected files to verify that reassessment of risk was taking place within 30 days. All files were found to be compliant. The facility is technically completing a reassessment within 30 days consistent with this provision of the standard. However, during this review and inmate random interviews it was discovered that the 30 day assessments were not occurring face-to-face with the inmate. They were merely based off the ARUS's review of documents and within the computer system.

Corrective Action: This auditor recommended that all ARUS's be retrained on proper reassessment guidelines. I received confirmation via email from the PREA Analyst on April 22, 2019 that the training had been conducted on April 17, 2019. The training was attended by all ARUS's. The Individual Training Program Report and meeting minutes were provided to this auditor. The refresher training was conducted by the PREA Coordinator and was provided to the RUM's and ARUS's. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets if present and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed in person; 3) confidentiality, 4) notification requirements, 5) referrals. This auditor is satisfied with the corrective action and finds the facility compliant with this provision of the standard.

St. Louis Correctional Facility was not in compliance with provisions a, b, and f, of this standard. Following the notification of completion of recommended corrective action on April 22, 2019, this auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.

Recommended Best Practice:

115.13 (a): Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Does the agency ensure that each facility's staffing plan

takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?

The PREA Manual specifies the eleven factors enumerated within provision of this standard are taken into account when developing the staffing plan for MDOC prisons. The facility staffing plan, dated 05/01/2018 verifies that all eleven factors within this provision of this standard were considered in the formulation of the current facility staffing plan.

Recommended Best Practice: adding cameras to the food service coolers/ freezers, maintenance, and warehouse areas. Camera coverage does not exist in these areas however, the inmate to staff ratio and fact that staff are not assigned one-on-one with an inmate satisfies the auditor. Sexual safety and security of inmates would be enhanced with the addition of cameras.

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.

Recommended Best Practice: The staffing plan exists and contained all required categories, however, it needs to include more detailed discussion for each category. The form also need to include signatures of the staff participating in the review as well as the PREA Manager to ensure authenticity and merits of discussion. This auditor finds the facility compliant with this provision because they have policy in place and have documentation to support the requirements of the provision however need to enhance the discussion and verification of future reviews. This was discussed with the Warden and PREA Coordinator with no objection to ensuring this is done in the future. This auditor finds this provision compliant with the standard as the staffing plan met the minimum standard requirements.

115.21 (d)- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?

This auditor had concerns upon reviewing the completed CAJ-1020 forms as it implied a victim advocate was not offered. The auditor followed up with the PREA Coordinator to ensure a victim advocate is being made available and its noted accordingly on the form. I find this provision of the standard compliant due to the interviews with the inmates indicating they were offered victim advocate services.

115.21 (c): Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?

The Michigan Department of Corrections PREA Manual and Policy Directive 03.04.100, "Health Services" a prisoner who is alleged to have been sexually abused less than 96 hours previously and where forensic evidence may be present, shall be transported to a local hospital for a forensic medical examination performed by a SAFE or SANE where possible or if unavailable a qualified medical practitioner. As per policy, there will be no financial cost to the prisoner for this examination. A memo dated March 12, 2019

was provided to this auditor from the Inspector regarding SANE/SAFE examinations. The memo indicates that all prisoners alleging to have been a victim of sexual assault, shall be transported to Lansing Sparrow Hospital-Emergency Room for a forensic examination within 96 hours of the alleged complaint. In the last twelve months St. Louis Correctional Facility has had three forensic medical examinations conducted and it is reported to have been conducted by a SANE/SAFE. A review of a completed CAJ-1020 provides evidence that this protocol is being followed as well as interviews with Sparrow Hospitals SANE/SAFE nurse supervisor and inmates who alleged abuse and had a forensic examination completed. This auditor interviewed two SAFE/SANE nurses from Lansing Sparrow Hospital Emergency Department. The SAFE/SANE's nurses reported that if a SAFE or SANE nurse is not available to conduct a forensic medical examination the ER Physician would assume the responsibility. They also confirmed that the hospital conducts forensic medical examinations for St. Louis Correctional Facility.

Recommended Best Practice: This auditor recommended that the CAJ-1020 form that is completed by the hospital for all forensic examinations needs to be revised. MDOC PREA Manual states that a Victim Advocate will be available if requested however the CAJ-1020 form states a Victim Advocate will be offered. The language needs to be consistent. In reviewing three completed CAJ-1020 forms, it looks as though a Victim Advocate was not offered due to the difference in the language. A follow-up with the inmates sent for the forensic examination all concurred that they didn't want a Victim Advocate. This recommendation was sent on April 22, 2019 to the PREA Coordinator and PREA Analyst. The PREA Analyst stated that the CAJ-1020 form has already been corrected and sent to forms for approval.

115.51 (b): Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Does that private entity or office allow the inmate to remain anonymous upon request?

The PREA Manual, Policy Directive 03.03.140, the Prisoner Guide Book, PREA posters throughout the facility, and the Prisoner PREA Brochure all state that inmates can contact the Legislative Corrections Ombudsman. These reports can be made anonymously. The facility PREA Coordinator reports that the facility provides multiple ways for inmates to report abuse or harassment to a public or private entity or office that is not part of the Department. The PREA Coordinator provided the following examples, PREA Hotline, JPAY (email), through a 3rd party, and verbally during visits or phone calls- family and friends can access reporting methods on the MDOC website. The PREA Coordinator further stated that these methods of reporting enable receipt and immediate transmission of inmate reports of sexual abuse and sexual harassment to Department officials that allow the inmate to remain anonymous upon request. This auditor tested the PREA Hotline from the housing unit to ensure functionality. An email was received by the PREA Analyst and PREA Manager notifying the time, date, and relative information provided during the call. Interviews of 42 random inmates were aware of the reporting methods but were not aware that any of these methods could be utilized anonymously. This prompted the auditor to review the materials provided to the inmates for reporting methods. The policies, PREA Manual, and MOU clearly state methods for anonymous reports however these materials are not readily provided to the inmates beyond request from the library. The Sexual Violence brochure, PREA Hotline poster, Facility Orientation packet, and Prisoner Guidebook are all provided to the inmates with methods of reporting but not one of them state methods that the inmate can report anonymously.

Recommendation for Best Practice: Update the Sexual Violence brochure, Facility Orientation packet, and Prisoner Guidebook to include ways inmates can anonymously report to ensure they are aware it

exists. The auditor notes this information was discovered during the post-audit period so a discussion during the on-site portion did not occur. This information was relayed to the MDOC PREA Compliance Manager, PREA Analyst, and SLF PREA Coordinator on April 27, 2019.

On April 28, 2019, the facility PREA Coordinator and Assistant Deputy Warden responded to the recommendation and placed an update to all SLF inmates with existing methods of reporting that can be made anonymously. The PREA Coordinator also sent this auditor an addendum to the Orientation Packet that include the methods of anonymously reporting. Finally, the Prisoner Handbook will be updated with the information with the next scheduled revision. The facility is compliant with this provision as current policy exists to allow for anonymous reporting methods, the recommended updates ensure the inmates are made aware of the methods to enhance compliance.

This auditor received an email on April 29, 2019 from the PREA Analyst stating that the following information has been posted on JPay statewide, which is through the inmates tablet or on the kiosk: "If you believe you are a victim of sexual abuse or sexual harassment, or wish to report such conduct using the Sexual Abuse Hotline, the following procedure must be followed: For English press 1; For Spanish press 2 Enter \*00553557732". "If you or someone you know have been sexually abused or sexually harassed and you would like to receive emotional support services by calling An Inside Line, the following procedure must be followed: For English press 1; For Spanish press 2 Enter \*12348861492". "By following the above instructions when dialing either line, your call will be free of charge, confidential, unmonitored, and anonymous."

Finally, the Prisoner Handbook will be updated with the information with the next scheduled revision. The facility is compliant with this provision as current policy exists to allow for anonymous reporting methods, the recommended updates ensure the inmates are made aware of the methods to enhance compliance.

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.

Recommendation for Best Practice: that the responses to the six factors be more detailed on the report to include committee discussions. While the auditor was unable to find evidence of action taken as a result of these incident reviews, the Warden stated that any recommendation would be considered for implementation should an identified training need or security need be raised by applicable disciplines within the review process. Based on interviews and policy, this auditor determines compliance with this provision of the standard.

Recommendation for Best Practice: that all incident reviews, whether a recommendation is made or not, be sent to the PREA Manager for review. They could monitor trends throughout the State and identify

potential recommendations. This would also provide the PREA Manager the ability to track compliance

## **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>(a). Michigan Department of Corrections (MDOC) Policy Directive (PD) 03.03.140; page 5, "Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners" establishes a zero-tolerance policy of sexual violence against prisoners. Each allegation must be taken seriously and be addressed in an appropriate, timely, thorough and consistent manner. This manual was developed to enhance existing policy and clarify the scope and implementation requirements of PREA. In the unlikely event Department policy conflicts with this manual, the MDOC PREA Manual takes precedence.</p> <p>PD03.03.140 PREA and Prohibited Sexual Contact Involving Prisoners: The Department has a zero tolerance standard for sexual abuse between or among prisoners. The Department also has a zero tolerance for staff sexual misconduct, staff sexual harassment, and staff overfamiliarity with prisoners. The Department has a zero tolerance standard for sexual abuse between or among prisoners. The Prison Rape Elimination Act (PREA) addresses prisoner-on-prisoner sexual abuse, staff sexual misconduct, and staff sexual harassment in correctional facilities. PREA specifically provides for the analysis of the incident and effects of such conduct and requires the issuance of national standards to address sexual abuse in a correctional setting. The PREA Manager, Budget and Operations Administration (BOA), shall be responsible for reporting statistical information and other data as required under the Act and for oversight of the Department's compliance with the national standards when issued. The PREA Manager also is responsible for monitoring compliance with this policy.</p> <p>The PREA Manual in conjunction with the Michigan Department of Corrections (MDOC) policy 03.03.140 'Prohibited Sexual Conduct Involving Prisoners', St. Louis Correctional Facility (SLF) local operating procedures OP SLF 03.03.140, and the Employee Handbook outline both the agency's Zero-Tolerance policy and the facility's approach to implementing the Zero-Tolerance policy to include all forms of sexual abuse and sexual harassment. The auditor reviewed all of these documents and find they sufficiently meet the standard for outlining how the facility will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The documents thoroughly describe key definitions, education, training, discipline, prevention, detection, and strategies for the reduction/prevention of sexual abuse and sexual harassment of inmates. To further support compliance, it was evident during the random and targeted interviews of both staff and inmates were familiar with the Zero-Tolerance policies. Staff were clearly trained on the policy regarding prevention, detection, and responding to sexual abuse and sexual harassment.</p> <p>(b). Due to Civil Service regulations, the MDOC utilizes different titles: The agency-wide PREA Coordinator as defined by the PREA Standards is titled, PREA Manager. The facility PREA Compliance Manager as defined by the PREA Standards is titled, the facility PREA Coordinator. They also have a level between the two titled as PREA Analyst which oversee the facilities within their assigned region. The agency-wide PREA Manager and Regional PREA Analyst were both on-site throughout the duration of the audit.</p>

Michigan Department of Corrections (MDOC) employs an agency-wide PREA Manager as their PREA Coordinator. The PREA Manager falls within the upper-level hierarchy of the agency working directly from Central Office. In terms of hierarchy, the PREA Manager reports to the State Office Administrator, which reports to the Senior Deputy Director, then finally the Director of the entire Michigan Department of Corrections. This position has sufficient authority to develop, implement, and oversee the agencies efforts to comply with the PREA standards at all of its facilities. This was a direct observation while onsite as the PREA Manager and Regional Analyst made immediate changes as requested by this auditor to ensure compliance with the standards. The PREA Manager has three PREA Analysts assigned to him from each region. The Central Region Analyst assigned to the St. Louis Correctional Facility was onsite throughout the duration of the audit. Through an interview the PREA Manager, he states that he indeed has sufficient time to complete his responsibilities as well as the authority to implement any necessary changes. His sole function is PREA compliance for the MDOC.

(c). Each facility has a designated Regional PREA Analyst, a Facility PREA Coordinator (Compliance Manager), and a back-up PREA Coordinator assigned to oversee, implement and train staff regarding PREA compliance. The PREA Coordinator (Compliance Manager) at SLF is also an Inspector. During his interview, he states that he has sufficient time to complete his responsibilities as an Inspector and PREA Coordinator.

The auditor finds that St. Louis Correctional Facility is compliant with all provisions of 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>The MDOC does not contract with any other entity for inmate confinement.</p> <p>(a). If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.): N/A</p> <p>(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 OR the response to 115.12(a)-1 is "NO".): N/A</p> <p>Despite not contracting with any other entities for the confinement of inmates, MDOC has provided a Request for Proposal (RFP) for Reentry services to ensure that the contract language would include PREA Standard requirements for compliance. No contracts exist as of the date of this audit.</p> <p>The auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.</p>

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). The PREA Manual specifies the eleven factors enumerated within provision of this standard are taken into account when developing the staffing plan for MDOC prisons. The facility staffing plan, dated 05/01/2018 verifies that all eleven factors within this provision of this standard were considered in the formulation of the current facility staffing plan.</p> <p>Interviews with the Assistant Deputy Warden and PREA Coordinator indicate that no recent modifications were made to the staffing plan regarding the allotted staff complement. The facility currently has 212 operational cameras which are a mixture of PTZ and stationary cameras. SLF has extraordinary camera coverage in all areas viewed by this auditor. All 212 camera views were reviewed by this auditor. This auditor had an issue with 1 out of the 212 views. This was in the gymnasium and the camera angle did not adequately cover the ingress/egress of the East Side hallway leaving a blind-spot. Corrective Action: The camera needs to be angled to cover the ingress/egress within the East Side entrance and office door. On April 10, 2019 the PREA Coordinator emailed this auditor pictures of the camera view after the adjustment. The new angle covers areas of concerns and satisfies this auditor. A review of the State Auditor General report dated September 2011, facility’s staffing plan, onsite tour, and an agency-level interview with the PREA Manager revealed that, although the agency no longer participates in audits by the American Correctional Association (ACA), its staffing levels are predicated on these standards and are audited by the State’s Auditor General. According to the SLF 2018 Staffing Plan and the PAQ, the operational staffing plan for the 1176 bed facility was predicated on an average daily population of 1125 inmates equating to 338 contact staff.</p> <p>(b). The PREA Manual indicates “In circumstances where the staffing plan is not complied with, the facility shall document (on the daily Shift Roster) and justify all deviations from the plan.” The PREA Coordinator and Warden interviews both reported that all posts are filled either through voluntary overtime or mandated overtime. SLF does not and has not deviated from the staffing plan within the previous 12 month period, due to the nature of their facility.</p> <p>(c). The PREA Manual states that the Warden and PREA Coordinator are involved in at least annual reviews of the facility staffing plan. This plan is subsequently forwarded to the agency PREA Administrator for review. The Warden and PREA Coordinator report being involved in the staffing plan for the facility and the review of agency policy dictates that it is reviewed annually. Multiple examples of annual staffing plans were supplied to review for each year too include the 2018 Staffing Plan, form CAJ-1027. Recommendation for Best Practice: The staffing plan needs to include more detailed discussion for each category. The form also need to include signatures of the staff participating in the review as well as the PREA Manager to ensure authenticity and merits of discussion. This auditor finds the facility compliant with this provision through interviews, the AG's Report, policy review, and they have documentation to support the requirements of the provision however need to enhance the discussion and verification of future reviews.</p> <p>(d). PD 04.04.100 Custody, Security and Safety Systems, the PREA Manual, and OP</p>

04.04.100-A establish policy for unannounced supervisory rounds. Pre-audit, the facility provided Round Reader Reports for the Administrative staff from 08/01/2018 through 11/01/2018 to demonstrate unannounced supervisory rounds taking place within the facility during both shifts; 0600-1800 and 1800-0600. During the onsite portion of the audit, this auditor conducted informal interviews with staff and inmates on all seven housing units inquiring if the Administrative staff consistently made rounds and if the were unannounced. The positive response received indicates compliance with unannounced rounds. The auditor also asked for random Round Reader Reports for the months of April 2018, December 2018, and February 2019 of the Administrative staff rounds to further assess compliance with this provision of this standard with sufficient rounds in each unit to cover each shift.

Through interviews with the PREA Coordinator and review of Round Reader report: facility Lieutenants completed rounds on every housing unit on a daily basis for all shifts. Shift Commanders and the Deputy Warden completed weekly rounds within the housing units, with those rounds covering both shifts and all other buildings on a monthly basis. The facility PREA Coordinator was interviewed regarding unannounced rounds stating; radio traffic is prohibited, to ensure rounds are not announced. Rounds are documented via Round Reader reports. Facility administrators are assigned a round reader to electronically scan and log their presence within the area being toured. During the on-site portion of the audit tour, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of Lieutenants and at least weekly presence of Captain, Deputy Warden, and other key administrative staff on the housing units. The Warden and PREA Coordinator are able to print out tour reports to demonstrate that tours are being completed and on all shifts. This auditor reviewed multiple staff Round Reader Reports. Informal interviews with line staff report that the Administrative staff are visible and that they are not notified of when they will be touring. 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 this provision.

The auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). Agency policy 05.01.140, Prisoner Placement and Transfer, outlines that agency's approach to housing youthful inmates and were reviewed in determining compliance; "the youthful prisoner shall be housed with as much sight, sound and physical contact separation from adult prisoners as possible in accordance with the Prison Rape Elimination Act (PREA) Manual.</p> <p>(b)-(c).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 onsite-portion of the audit tour and through interviews with the Warden and PREA Coordinator, it was observed that the St. Louis Correctional Facility does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.</p> <p>The auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) Policy 4.1.140- Search and Arrest in Correctional Facilities, Michigan Complied Laws, the PREA Manual; establish procedures to limit cross-gender viewing and were reviewed in determining compliance with this provision of the standard. The facility stated no cross-gender strip searches or visual body cavity searches were conducted during this audit period. Interviews with line staff, inmates, and a review of the strip search log book for the past 12 months also confirm that these types of searches were not being performed.</p> <p>Policy 4.1.110 permits a supervisor of the opposite gender to be present during a strip search if a supervisor of the searched inmate’s gender is not available. Privacy screens or other similar devices are used to obstruct viewing of an inmate’s breast, buttocks or genitalia in cases where supervisors of the opposite gender are present with the inmate being strip searched. This auditor viewed and was satisfied with the privacy screens in place both in person and via CCTV. During the site review the PREA Coordinator and staff interviews both confirm that privacy screens are used when an opposite gender supervisor must be present during a strip search. The facility PREA Coordinator confirms that no cross-gender strip searches or visual body cavity searches were conducted to demonstrate compliance with this provision of the standard.</p> <p>(b). PREA standard 115.15 requires that 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. SLF does not house female inmates.</p> <p>Through the PAQ, a review of agency policy 05.01.140, Prisoner Placement and Transfer, the PREA Manual, the facility site review and interviews with the PREA Manager, PREA Coordinator and Assistant Deputy 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 this provision.</p> <p>(c). The facility PREA Coordinator confirmed there were no reported cross-gender strip or visual body searches conducted by the facility during this audit cycle. SLF does not house females therefore cross-gender pat-searches is non-applicable. Random staff interviews confirmed that line staff receive regular training on search procedures. A random interview with a female staff member reported that, as a female staff member, she is quite knowledgeable that she is not permitted to conduct strip searches at the facility. The auditor notes that the facility does not house female inmates, allowing this auditor to determine compliance with this provision of the standard.</p> <p>(d). Agency policy PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, the PREA Manual, Privacy Notice signs, Knock and Announce signs and photographs of toileting/showering facilities were reviewed during the pre-audit period. During the audit</p>

inspection, this auditor observed that the facility has numerous Privacy Notice signs and Knock and Announce signs displayed at entrances to all of the housing units and in the bathroom areas of the housing units. Opposite gender staff announcements were made on all housing unit tours and staff waited several seconds after making the announcement prior to entering the unit to afford time to ensure privacy. Privacy screens were appropriately placed and all restrooms were inspected by this auditor to ensure privacy, both in the facility and via CCTV camera coverage.

Informal interviews of 14 inmates during the audit tour stated that female staff consistently announce their presence when entering the housing unit. This was a consistent response received from the 15 random interviews. The practice of opposite gender announcements was routinely observed during the audit tour inspection and more than sufficient signage was observed throughout the facility to advise inmates of their privacy expectations. Informal interviews with line staff during the audit inspection led this auditor to determine that opposite gender announcements were being made and that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender, consistent with this provision of the standard.

(e). The PREA Manual and PD 04.06.184 Gender Identity Disorder (GID)/Gender Dysphoria establish policy prohibits the search of a transgender inmate for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with this provision of this standard. The 15 random staff interviews, six informal staff interviews during the audit inspection lead this auditor to the conclusion that staff are aware of the prohibition of searching transgender or intersex inmates for the sole purpose of determining genital status. There were three identified transgender inmates at SLF. During their interview they confirmed that they did feel they have ever been searched for the sole purpose of identifying their gender. Based on adequate policy, staff responses, and targeted intimate interviews; this auditor finds compliance with this provision of the standard.

(f). Training Module: Custody and Security in Corrections Searches: is comprised of Search Procedures for Gender Identity Disorder (GID) and Transgender Prisoners. This training curriculum for SLF was reviewed by this auditor. The computer-based training includes how to conduct cross-gender and transgender pat-searches in a professional, respectful, and the least intrusive manner. Staff interviews were conducted during the on-site portion of this audit. Twelve staff were asked if they had been trained in transgender or cross-gender pat searches. Three of the twelve immediately responded by forming the praying hands method. This auditor asked when they received this training and each had recently returned from Basic Training where they had just learned it. The remaining nine officers were unsure until the auditor prompted them with the "praying hands technique". All nine instantly formed the technic. It was obvious to this auditor that they had been trained at some point of the proper technique. The auditor inquired when they had last received this training. Seven of the nine stated years ago at Basic. The remaining two officers stated last year through computer based training.

The facility reported that 100% of security staff have been provided training to conduct professional cross-gender, and transgender, and intersex pat searches. This auditor reviewed the training rosters which supported that all security staff had received the training. The facility provided adequate documentation, in the form of pre-audit training records and an on-site

training records relative to transgender/intersex searches. It was evident to this auditor that the staff did receive training however Corrective Action was requested by this auditor regarding pat search training for transgender and intersex inmates to ensure staff understood the verbiage, when to use this method, and how to use this method. The PREA Analyst provided this auditor with documentation showing that a refresher training was scheduled for the 2019 annual training that is required of all staff. This training was pulled statewide. The corrective action agreed upon was to provide a reminder to the staff regarding the pat searches of transgender and intersex inmates. On April 15, 2019 an email was distributed to all staff at the St. Louis Correctional Facility from the PREA Coordinator. The email directed staff that all prisoners who identify as transgender/GD must be searched in a professional and respectful manner and described the proper technique for searching the breast and groin areas for transgender/GD prisoners. As per the PREA Analyst the goal is to get the GD/Transgender Personal Search course back into the annual required training plan for next year.

The staff knew the proper technique when prompted with, the "Praying Hands" method. A refresher for staff was given on April 15, 2019 which satisfied this auditor. The corrective action is sufficient to meet this provision of this standard.

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

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1476 660">(a-b). The PREA Manual and all training materials were reviewed by this auditor. The agency PREA Manual requires that the Department provide prisoner education in formats understandable by the entire prisoner population. Policy 03.03.140 specifies that the agency will contract with any interpreters as necessary to reach disabled or limited English proficiency inmates. This policy states that standardized educational material is available to all prisoners regarding conduct prohibited by the Department's PREA Policy, self-protection, how to report conduct or threats of conduct prohibited by the PREA policy, treatment, and counseling accessibility for all prisoners.</p> <p data-bbox="252 705 1476 1041">There were 10 interviews conducted with Limited English Proficient (LEP) and inmates with a disability. None of the ten had reported any allegations of sexual abuse or harassment but 10 of the 10 responded that they did receive PREA education and information in a format that allowed them to understand the material and effectively communicate an allegation. All ten knew where to find PREA resources to aid them in reporting an allegation. The auditor utilized RTT, a telephone interpretation service that provides over 180 different languages, during an interview with a LEP inmate to confirm the service exists and to verify its functionality. SLF utilizes ELSA, a real time interpretation device, in conjunction with RTT.</p> <p data-bbox="252 1086 1476 1422">This auditor reviewed the following material during the pre-audit phase and during the on-site audit portion: Bi-Lingual Informed Consent Poster, Spanish Sexual Violence Pamphlet, Bi-Lingual Privacy Notice Sign, Spanish Sexual Abuse Poster with the Hotline and methods of reporting, Spanish Just Detention International with contact information for emotional support, Prisoner Guidebook in Spanish which covers the PREA Policy and ways to report, Spanish Orientation packet that all inmates receive upon arrival to SLF, PREA Pamphlet in Braille, MDOC Identifying and Addressing Sexual Abuse and Sexual Harassment in Braille, and a review of the American Sign Language contract process.</p> <p data-bbox="252 1467 1476 1892">(c). Agency policy 03.03.140 and PREA Manual prohibits the use of inmate interpreters and states that the Department may rely on prisoner interpreters, prisoner readers, or other types of prisoner assistants only in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the prisoner's safety, the performance of first-responder duties, or the investigation of the prisoner's allegations. During the on-site inspection, 15 random staff interviews and 6 informal staff interviews resulted in 100% of the staff responding that the use of an inmate interpreter for complaints of sexual abuse was only acceptable under the circumstances where a delay could compromise an effective response. There were no instances reported during this audit cycle where these limited circumstances required a prisoner to assist with communication regarding a PREA incident.</p> <p data-bbox="252 1937 1412 2027">This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.</p>



115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). 02.06.111 Employment Screening and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with this provision. The employment screening policy and PREA Manual clearly prohibit hiring and promoting staff who have engaged in all of the elements denoted within this provision. The manual also states that Michigan Department of Corrections shall not knowingly hire, promote, or enlist the services of any contractor who may have contact with inmates who previously has engaged in sexual abuse in a confinement facility, juvenile facility, prison, jail, lock-up, or other institution; has been convicted of engaging in, attempting to engage in, or conspiring to engage in sexual activity facilitated by force or coercion, or if the victim did not consent or was unable to consent; and anyone who has been civilly or administratively adjudicated to have engaged in any of the aforementioned. All applicants who may have contact with inmates are asked about previous misconduct as part of the application process on NeoGov and all contractors are required to complete the questionnaire as part of their company's employment process.</p> <p>Corrections Officer job postings, application questions and a promotional applications were reviewed and provided as proof to demonstrate the agency and facility considers these factors for hiring and promotional decisions. The facility is not responsible for conducting background checks of correctional officer staff, which are hired by the agency. These background screenings are conducted by the agency Central Office. The facility is however, responsible for directly hiring non-correctional officer personnel and contractors. The facility conducts checks on the staff directly hired, contract staff, and staff transferring into the facility. Through an interview with the Human Resource director, criminal background checks are run locally at the facility by the Inspector and the Records department. Human Resource staff are required to review the criminal background, LEIN Check, and verification form within files prior to issuing staff their identification to enter the facility. A review of facility hiring records, agency application materials, and an interview with the Human Resource Director confirm that SLF is compliant with this provision.</p> <p>(b). Policy 02.06.111 and applications for employment and transfers were reviewed in determining compliance with this provision. Adequate screening for incidents of sexual harassment are present within the materials. Three applications for new hires and two promotions were reviewed. The employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. The HR Director explained in an interview that any candidate with a history of engaging in sexual harassment would not be hired or promoted.</p> <p>A review of policy and the interview with Human Resource Director confirms that the facility is not responsible for conducting background checks of custody staff. This function is completed at the agency level by Central Office staff. However, every applicant to the Michigan Department of Corrections must complete an electronic application process where sexual harassment screening takes place. The HR staff at the facility monitor responses in those application materials to consider the sexual harassment history of candidates for hire and promotion. Applications for three new hires and two promotions were reviewed. The Human</p>

Resource Director and this auditor walked through the process for a new hire and transfer too include the Office of Administration (OA) screen to review that the required PREA questions were considered and that the local HR department knew how to access those results. The employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process to find compliance with this provision.

(c). 02.06.111 Employment Screening and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with this provision. A review of policy and the interview with HR Director confirms that the facility is not responsible for conducting background checks of custody staff. This function is completed at the agency level by Central Office staff. An interview with the Human Resource Director confirmed that the facility is responsible for direct hiring and background checks through LEIN for non-corrections officer positions, contractors, volunteers, promotions and transfers into the facility. SLF had 23 new hires and 166 staff contracts for service within the last 12 months. Criminal background records checks were completed for 100% of the 189 staff. The facility provided LEIN logs and personnel files for verification of background checks for six random employees, selected by this auditor, during the on-site portion of the audit to demonstrate compliance with this provision.

(d). Michigan Department of Corrections PREA Manual and Policy Directive 02.06.111 states that a criminal history check must be processed through LEIN before hiring a contractor, or contractor's employees. LEIN logs were reviewed to show all new employees, contractors, and volunteers received the appropriate criminal history checks through LEIN. In the past twelve months 4 volunteers and 166 contractors have received LEIN checks. There were 23 total contracts within the last twelve months. Some of the contracts are written and filled by Central Office such as health care, mental health, and substance abuse providers; others are open contracts for services such as language translation, gate operations, fence repair, and various other areas as needed. During the on-sight portion of the audit the Chaplain, who maintains the records for the volunteers, was processing a new volunteer. The auditors reviewed all of his documentation which included PREA education materials and the background check. He explained his role in the process for background checks and training. All volunteers have a background check completed prior to being granted access to the facility, all volunteers are given background checks annually. If the volunteer does not allow for the background check annually their approval to enter the facility is terminated.

(e). The PREA Manual states that LEIN checks are completed for all employees, including contractors and contractor's employees, who have contact with prisoners no less frequent than every five years. Policy Directive 02.06.11 specifically states that every three years criminal history checks shall be processed through LEIN for all Michigan Department of Corrections employees. Contractors and volunteers are conducted annually. The policy also states that the Department can conduct a LEIN check at any time within the three year period if necessary. All three year checks are completed in the month of June each year. The Human Resources Director reported that contractors also have a background check completed annually and all Michigan Department of Corrections staff have a background check conducted every three years. The Chaplain reported that volunteer background checks are conducted annually.

The facility's formal documentation of its three year background checks on state employees

demonstrates these screenings are being conducted. This auditor did review LEIN logs relative to contractors and volunteers all of which were in compliance of the agency standard of one year. The facility provided documentation of its annual Domestic Violence and felony LEIN check procedures for staff at the facility as further proof of compliance with this provision.

(f). The facility provided and the auditor three applications for new hires and two promotional applications to demonstrate that the agency requires all applicants to provide information regarding the misconduct described in provision (a) of the standard when applying for employment or promotion. In addition to application materials, work rules specified in the employee handbook was provided to this auditor for review. The handbook requires that employees have an ongoing obligation to disclose any sexual misconduct, failure to do so can result in discharge.

(g). Agency policy 02.06.111 and the PREA Manual, which were reviewed by this auditor, affirmatively states that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. The agency policy and work rules within the employee handbook sufficiently cover this provision of the standard. They state, the Department shall not knowingly hire any new employee, promote any existing employee or enlist the services of any contractor who has contact with prisoners and has: engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; been civilly or administratively adjudicated to have engaged in the activity described. The facility indicates that there have been no instances where such material omissions have been noted.

(h). 02.06.111- Employment Screening, 02.01.140- Human Resource Files, and the PREA Manual establish procedures for this provision of the standard and were reviewed by this auditor. Four examples were provided of the facility responding to an outside agency request for such information on a former employee that were reviewed by this auditor. The Human Resource Director showed the auditors the "Director Approval Inquiry," which is an electronic database in which Human Resources can search an individuals name to see if they were previously terminated, or resigned pending discipline. The Human Resources Director stated that this system ensures that they do not rehire individuals who previously were terminated or left prior to discipline and it also allows them to search employees when receiving inquiries from other institutional employers. The Human Resources Director also noted that any volunteer or contractor who was terminated access from the facility due to sexual abuse or sexual harassment of a prisoner are banned from all MDOC facilities. Central Office maintains a listing of all volunteers and contractors who are not to be allowed access to any MDOC facility.

This auditor was satisfied that sufficient procedures are in place to ensure information on substantiated allegations of sexual abuse or sexual harassment are provided to requesting agencies regarding former MDOC employees. This auditor finds that St. Louis Correctional Facility is compliant will all provisions of this standard.

115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(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. SLF completed a substantial camera upgrade throughout the entire facility in 2014. Their last PREA audit was in 2015 and there have been no upgrades to the facility since that time. The auditor reviewed the MDOC PREA Manual and the CAH-135 Project Review and Approval form which consider the effects of any upgrade to the sexual safety and protection of the inmates.</p> <p>(b). During interviews conducted with Administration and the PREA Coordinator it was noted that the maintenance manager, PREA Coordinator, and Assistant Deputy Warden discuss any modifications prior to implementation to ensure that PREA factors are considered. This plan is also sent to the PREA Manager. During Incident Reviews the committee discusses any need for additional modifications to areas that may have a high propensity for PREA allegations and these recommendations would also be sent to the PREA Manager. MDOC requires form CAH-135 Project Review and Approval to be utilized for all facility projects. SLF upgraded their cameras to digital and added cameras in 2014. All cameras have a retention schedule of 30 days. This auditor reviewed every camera within the CCTV area of the Control Center. The camera coverage and quality are phenomenal and should be noted as a Best Practice. It is evident that consideration was taken to enhance the ability to protect the inmates from sexual abuse during the installation project. The auditor found no areas of concern during the facility site review within the secure perimeter. Recommended Best Practice: adding cameras to the food service coolers/ freezers, maintenance, and warehouse areas. Camera coverage does not exist in these areas however, the inmate to staff ratio and fact that staff are not assigned one-on-one with an inmate satisfies the auditor. Sexual safety and security of inmates would be enhanced with the addition of cameras.</p> <p>The strategic deployment of video monitoring technology and round reading technology demonstrates the agency and facilities dedication to compliance with this provision.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). MDOC curriculum is Crime Scene Management and Preservation. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials. The referenced materials were reviewed by this auditor. An interview with SLF Investigators and medical staff indicated that their investigations were limited to Administrative investigations. Michigan State Police (MSP) will conduct any criminal investigation if criminal findings are discovered. The MDOC Inspectors/ PREA Coordinators are trained using curriculum Crime Scene Management and Preservation as well. MSP will dispatch detectives who will conduct any criminal investigation if warranted. This auditor personally interviewed the MSP Officer assigned specifically to SLF. It was apparent to this auditor while conducting 22 random and informal staff interviews of both shifts during the on-site portion of this audit, 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 this provision of this standard.</p> <p>(b). St. Louis Correctional Facility does not house youthful offenders. However, uniform evidence is covered in the Crime Scene Management and Preservation and Basic Investigator Trainings and is based off of US Army Investigation protocols and Michigan State Police guidance. This protocol is an alternative source to the Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. The protocol is in line with the Michigan State Police criminal investigation procedures for sexual assaults. The training materials cover the necessary technical details to aid first responders in preserving available evidence. These training manuals were reviewed by this auditor in determining compliance with this provision.</p> <p>(c). The Michigan Department of Corrections PREA Manual and Policy Directive 03.04.100, "Health Services" a prisoner who is alleged to have been sexually abused less than 96 hours previously and where forensic evidence may be present, shall be transported to a local hospital for a forensic medical examination performed by a SAFE or SANE where possible or if unavailable a qualified medical practitioner. As per policy, there will be no financial cost to the prisoner for this examination. A memo dated March 12, 2019 was provided to this auditor from the Inspector regarding SANE/SAFE examinations. The memo indicates that all prisoners alleging to have been a victim of sexual assault, shall be transported to Lansing Sparrow Hospital-Emergency Room for a forensic examination within 96 hours of the alleged complaint. In the last twelve months St. Louis Correctional Facility has had three forensic medical examinations conducted and it is reported to have been conducted by a SANE/SAFE. A review of a completed CAJ-1020 provides evidence that this protocol is being followed as well as interviews with Sparrow Hospitals SANE/SAFE nurse supervisor and inmates who alleged abuse and had a forensic examination completed. This auditor interviewed two SAFE/SANE nurses from Lansing Sparrow Hospital Emergency Department. The SAFE/SANE's nurses reported that if a SAFE or SANE nurse is not available to conduct a forensic medical examination the ER Physician would assume the responsibility. They also confirmed that the hospital conducts forensic medical examinations for St. Louis Correctional Facility.</p>

Recommended Best Practice: This auditor recommended that the CAJ-1020 form that is completed by the hospital for all forensic examinations needs to be revised. MDOC PREA Manual states that a Victim Advocate will be available if requested however the CAJ-1020 form states a Victim Advocate will be offered. The language needs to be consistent. In reviewing three completed CAJ-1020 forms, it looks as though a Victim Advocate was not offered due to the difference in the language. A follow-up with the inmates sent for the forensic examination all concurred that they didn't want a Victim Advocate. This recommendation was sent on April 22, 2019 to the PREA Coordinator and PREA Analyst. The PREA Analyst stated that the CAJ-1020 form has already been corrected and sent to forms for approval.

(d). A memo dated November 28, 2016 addressed to all Wardens, directing that administrators reach out to Local Rape Crisis Centers for support. Additionally, requiring select staff to complete the Office of Victims of Crime Training and Technical Assistance Center Core Competencies and Skills Courses and Incarcerated Victims of Sexual Violence training. SLF has twenty (24) staff members trained as qualified victim advocates. The PREA Coordinator stated that the facility also makes available on-going support through an MOU with Just Detention International (JDI). This auditor saw several posters on each housing unit, school building, library, and in the medical area providing the contact information for JDI. An interview was conducted with JDI's Operations Director in which she explained that emotional support services are provided via a hotline by JDI counselors who are trained to provide trauma informed counseling services and provide coping mechanisms. The Operations Director further stated that the counselors provide crisis intervention and legal referral information as needed. All three inmates sent out for a forensic exam who reported sexual abuse while incarcerated at St. Louis Correctional Facility were interviewed and all stated that they did not need a victim advocate. This auditor had concerns upon reviewing the completed CAJ-1020 forms as it implied a victim advocate was not offered. The auditor followed up with the PREA Coordinator to ensure a victim advocate is being made available and that its noted accordingly on the form. The auditor contacted the PREA Analyst regarding concerns with the verbiage on the form conflicting with the policy. The form has been revised to coincide with policy and is awaiting approval from the Agency Director. I find this provision of the standard compliant due to the interviews with the inmates indicating they did not want victim advocate services.

The Michigan Department of Corrections PREA Manual states that the Department shall make available a victim advocate from a rape crisis center, which is not part of the criminal justice system. If a victim advocate from a rape crisis center is unavailable the facility shall make available a properly trained advocate. St. Louis Correctional Facility is meeting this provision of the standard.

(e). MDOC PREA manual provides that, as requested by the victim, 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. The advocate is to provide emotional support, crisis intervention, information, and referrals. MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that the Department shall attempt to make available a victim advocate from rape crisis centers, which are not part of the criminal justice system, that provide counseling and confidentiality to prisoner victims. The policy directive also states that if a victim advocate from a rape crisis center is not available to provide services, the facility shall make available to the prisoner a properly trained advocate from the hospital which the

prisoner is being transported to, the facility medical or mental health staff, and on-shift or off-shift facility staff who are trained victim advocates. SLF has twenty (24) staff members trained as qualified victim advocates.

(f). Michigan State Police letter dated September 30, 2015 acknowledging compliance with section (a)-(e) of this section. Michigan State Police investigate all sexual abuse allegations for the MDOC. The MSP officer assigned to SLF was interviewed and acknowledged compliance with involving victim services and investigations regarding this standard.

(g). Auditor is not required to audit this provision.

(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 and specialized training concerning sexual assault and forensic examination issues in general.

The facility has attempted to make a rape crisis advocate available; however, has yet to enter into a formal agreement. They have recently began an MOU with JDI for emotional support. This auditor called Sparrow Hospital and confirmed with the SANE Nurse that the hospital may receive inmates from the SLF for the purposes of conducting forensic examinations and the hospital will attempt to provide an on-call community advocate during said examinations. The advocate will make applicable referrals for follow-up care. In the event, such services are unavailable, the facility uses qualified mental health staff. During the onsite portion of the audit, the Regional PREA Analyst 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 the provision of this standard.

The facility demonstrates compliance with this standard.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 660">(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, an 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. MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the MSP or other appropriate law enforcement agencies for investigation.</p> <p data-bbox="252 705 1484 1556">MDOC PREA Manual states that; "All prisoner-on-prisoner sexual abuse, staff-on-prisoner sexual misconduct and staff-on-prisoner sexual harassment allegations shall be investigated." St. Louis Correctional Facility reports 40 allegations of Sexual Abuse and Sexual Harassment were received during the past 12 months, 12 of which were referred for criminal investigation. All administrative and/or criminal investigations were completed. An interview with the Assistant Deputy Warden and PREA Coordinator confirms that all allegations of sexual abuse and sexual harassment are investigated. The PREA Manager reported that all investigations are processed through MDOC Internal Affairs. Following an allegation the report is forwarded to the Warden and PREA Coordinator at the facility where information is entered into the database. Internal Affairs then determines the level of investigation. If it is criminal it is referred to the Michigan State Police (MSP). The investigator is assigned and interviews the alleged victim, alleged perpetrator, any witnesses, gathers evidence, and writes a report describing the investigation and reasons for conclusion based on a preponderance of evidence. The victim is always notified of the outcome. If the allegation is substantiated discipline is conducted. Within thirty days of the conclusion of an investigation of sexual abuse, where the outcome was substantiated or unsubstantiated, an incident review is held to determine potential concerns that may have contributed to the possible abuse. The incident review does not take place if the investigation resulted in an unfounded finding. This auditor reviewed five investigations sent prior to the on-site audit and ten random investigation files while on-site and notes that all investigations were completed.</p> <p data-bbox="252 1601 1484 1937">(b-c). 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. St. Louis Correctional Facility also outlines this in their local operating procedure OP-SLF- 03.03.140 dated 05/01/2017. Every allegation and subsequent investigation are entered into a Investigation database created by the MDOC. This auditor reviewed the database and compared five investigation, two email notifications, three hotline calls, and two grievances to ensure all were reported and completed within the database.</p> <p data-bbox="252 1982 1484 2150">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. It also states; "the Department shall ensure that all Sufficient Evidence/Substantiated</p>



investigations that appear to be criminal are referred for prosecution.”

PREA Policy and Directives are published at [http://www.michigan.gov/corrections/0,4551,7-119-1409--, 00.html](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). This auditor reviewed the MDOC website content to ensure access was available.

Interviews were conducted with two investigative staff and an MSP Officer. All investigators interviewed state that the department policy requires that all allegations of sexual abuse or sexual harassment are referred to an agency with the legal authority to conduct criminal investigations. Both investigators confirmed that the PREA Coordinator notifies the MSP officer assigned to the facility of all PREA related allegations that may be criminal in nature. This was also confirmed through an interview with the MSP officer assigned to St. Louis Correctional Facility who stated that he reviews all allegations to determine if they should be criminally investigated.

(d). Refer to the letter from the Michigan State Police in section (b). The letter states, as a state agency responsible for investigating criminal allegations of sexual abuse in the MDOC prisons, the MSP is required to comply with PREA Standards. The Michigan Department of Corrections PREA Manual states that any state entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. The MSP officer interviewed had thorough knowledge of the PREA Standards that governed his investigations.

(e). This auditor is not required to audit this provision.

This auditor finds St. Louis Correctional Facility compliant with all provisions of this standard.

115.31	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<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 this provision of the standard. A review of these materials provides detailed explanations of all ten points required by the standard. The training curriculum is provided as part of an employee's initial 320 hour Corrections Training Program. Computer based training is provided for existing employees and contractors through two detailed training modules on an annual basis. Ten Informal interviews with staff and three contractors during the audit tour confirm that individuals are informed of all ten factors required by the employee training standard. Fifteen random staff that were interviewed were able to clearly describe elements from the training to demonstrate knowledge of the factors required by the standards in compliance with this provision.</p> <p>(b). SLF does not house female inmates. The agency training materials that were provided, and reviewed by this auditor, adequately cover the dynamics of sexual abuse for male and female inmates as required by this provision of the standard. Based on a review of PREA training materials and a sampling of training records; the facility demonstrates compliance with this provision.</p> <p>(c). SLF 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. Training records for every staff member was provided on a spreadsheet that is generated upon the completion of the computer-based training. This auditor interviewed the Training Sergeant during the on-site portion of the audit and he explained that all Correctional Officers must complete forty hours of mandatory training per calendar year. If any element of the training is not completed they will not be able to enter the facility until completion. The agency training plans, and staff interviews, both formal and informal, demonstrate compliance with this provision of the standard.</p> <p>(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 comprehensive test comes with electronic verification by employee ID number to signify individual comprehension of the training, demonstrating compliance with this provision of the standard.</p> <p>This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.</p>

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). Agency policy PD 03.02.105 addresses the need for volunteers and contractors to be trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. SLF reported that they currently have 82 contract staff and volunteers combined. During the on-site tour, a new volunteer was going through orientation with the Chaplain, which is the Volunteer Coordinator. This auditor reviewed the orientation materials which included the agency’s PREA training curriculum for contractors and volunteers. The curriculum is provided in-person to allow for questions and understanding. The training sufficiently addresses the concepts of sexual abuse, sexual harassment, zero-tolerance, definitions, reporting and response procedures. In addition to this auditor’s review of the training materials, this auditor reviewed a sampling of training records of eight contract employees and two volunteers from various disciplines to determine compliance with this provision the standard.</p> <p>This auditor finds that St. Louis Correctional Facility is in compliance with all provisions of this standard.</p> <p>(b). Policy PD 03.02.105 addresses the requirement for volunteers and contractors to be trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge they could be a first responder. Formal interviews with three facility contractors demonstrated knowledge of facility reporting and first responder procedures. Informal interviews during the audit inspection with two contractors and one volunteer demonstrated that they were aware of SLF’s Zero-Tolerance Policy and their responsibilities to both report incidents 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, both formal and informal interviews demonstrate compliance with this provision of the standard.</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. SLF provided ten samples of signed orientation packets and PREA training completion for contractors and/or volunteers. The review of policy, training materials, training records and both formal and informal interviews demonstrate compliance with this provision of the standard.</p>

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditor, address the standard and 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. St. Louis Correctional Facility reported that in the last twelve months 667 inmates were admitted to the facility and provided with information on the agency's zero-tolerance policy and how to report sexual abuse and sexual harassment. The auditors interviewed the Classification Director during the tour regarding intakes. The Coordinator reported that all inmates receive PREA Education at the reception facility prior to coming to St. Louis Correctional Facility. Upon intake at SLF the Classification Director will review the file to ensure that the PREA Education has been completed, if it has not they will provide the education to the inmate. The Classification Director completes an orientation with all new receptions within one week of arrival. This orientation contains PREA information specific to the facility to include; their right to be free from both sexual abuse and sexual harassment, retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents. This auditor reviewed the Orientation Packet provided to all new inmates which contains a section on PREA. The section states the MDOC Zero Tolerance Policy for prisoner sexual abuse and sexual harassment, reporting information, and prevention information. There is an educational video that the inmates watch with the Classification Director to ensure questions can be answered. A brochure is also provided 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. Through interviews with facility intake staff, the PREA Coordinator and 42 random inmates, and 7 informal inmate interviews it was clear that the inmates had the education and understanding on various ways to report sexual abuse/harassment. A review of 36 random inmate files out of the 1125 currently housed at SLF was conducted by the auditor to establish that the zero- tolerance education was indeed being conveyed, a sampling of the eight inmate intake records verified that the inmate education was also being conveyed to the ARUS. This satisfies compliance with this provision of the standard.</p> <p>Through interviews with the PREA Manager and a review of agency materials, it is clear that PREA policies and reporting mechanisms are universal throughout the agency, and continuous PREA training is being provided to the inmates.</p> <p>(b-c). During the random inmate interviews, 39 of the 42 inmates confirmed that education materials and the PREA video, Taking Action, were shown during the intake process at the Charles E. Egeler Reception and Guidance Center (RGC), usually within 24 hours of their arrival but no later than one week. The Classification Director completes an orientation with all new receptions within one week of arrival. This orientation contains PREA information specific to the facility to include; their right to be free from both sexual abuse and sexual harassment, retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents. This auditor reviewed the Orientation Packet provided to all new inmates which contains a section on PREA. The section states the MDOC Zero Tolerance Policy for</p>

prisoner sexual abuse and sexual harassment, reporting information, and prevention information. There is an educational video that the inmates watch with the Classification Director to ensure questions can be answered. A brochure is also provided 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. The inmates report that information is continuously displayed throughout the facility on posters and is available in handbooks. The inmates confirm PREA information is played on the dedicated inmate channel as well as their tablets. This auditor had an inmate show me on his tablet. The inmate stated he thinks they get too much information and it becomes annoying. During the on-site tour, this auditor randomly sampled eight inmate files on the housing units and requested that MDOC staff show computerized movement records to verify that education was provided in a timely manner. Inmate training receipts provided by the facility and reviewed by the auditor to demonstrate compliance with this provision of the standard.

Random Inmate and Staff interviews indicated that inmates were provided PREA materials and trained regularly within 24 hours of reception to the Intake Center, RGC. During the specialized interview with an intake staff member records were provided to show PREA education taking place if it was not documented in their file upon transfer. When there is an identified need, SLF provides PREA education and documents the completion within one week of arrival. They also provide education for all new receptions that is specific to St. Louis Correctional facility during orientation within their first week of arrival.

(d). The agency publishes written educational materials, such as the PREA brochure, PREA posters and Prisoner Guidebook in both English and Spanish. The agency has a braille version of the PREA brochure available for visually impaired inmates. The PREA video, Taking Action, has been closed captioned for the deaf and hard of hearing population. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes, SLF utilizes RTT Mobile Interpretation services. SLF also maintains copies of PREA training materials, The PREA Resource Centers, "An End to Silence", agency PREA publications, and the PREA standards that are available to the inmate population. During the on-site tour this auditor requested all available PREA materials from the inmate library workers. The workers knew exactly where to find everything the auditor requested providing proof that the materials are accessible. The auditor asked the library workers if there is assistance provided for inmates that cannot read or write. There are library aides available to assist upon request of an inmate. Ten inmates with disabilities or limited English were interviewed and expressed that PREA resources are made available to them. The auditor reviewed these training materials and interpretation schedules to determine compliance with this provision of the standard.

(e). The Department's PREA Manual states that the Department shall maintain documentation of inmate education in the prisoner's counselor's file via the CAJ-1036, PREA Prisoner Education Verification form. This auditor reviewed 36 random inmate files during the on-site facility tour and verified that all files reviewed contained the Prisoner PREA Education Verification form.

(f). The agency publishes posters that contain record of the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment. During the on-site

inspection of the SLF, these posters were visible throughout the housing units and common areas of the facility. Inmates receive a tri-fold PREA brochure that is published in both English and Spanish during the intake process and these materials were observed to be available to inmates during the audit inspection. The PREA Resource Center's "An End to Silence" handbook, the PREA Standards, the agency PREA Manual, training materials and prisoner guidebooks are available for the inmate population. Thirty-nine of the forty-two random inmates interviewed and the seven informal inmate interviews during the audit inspection, reported receiving written materials for their retention and education upon their reception to SLF demonstrating compliance with this provision of the standard.

This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.

115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). The agency utilizes the NIC Investigator Training and a Basic Investigator Training Manual that were reviewed by the auditor. This manual provides additional specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. Training records were provided to confirm that 39 staff at SLF completed the NIC Investigator Training and Specialized Investigative Training. Twenty-one of the thirty-nine are responsible for completing PREA investigations. The auditors conducted two formal interviews and two informal interviews during the on-site portion of the audit of staff trained and assigned investigations. They were all able to appropriately answer the auditor's questions in regards to their training and the investigative process demonstrating compliance with this provision of the standard.</p> <p>(b).The agency's investigative course covers a PREA specific module that includes: the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse, 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. The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution to the Michigan State Police (MSP). SLF only conducts administrative investigations while MSP handles all criminal investigations so it is imperative for the staff to know the difference, how to contact MSP, and how to properly secure the crime scene and evidence until MSP arrives. A review of training materials, training records for facility investigators, and staff interviews demonstrates compliance with this provision of the standard.</p> <p>(c). The agency maintains documentation of investigator training in the employee's training file and in the Training Automated Data (TAD) system . The facility provided documentation that was reviewed by the auditor to verify that 39 active employees have completed the Basic Investigator Training and the NIC Investigator Training demonstrating compliance with this of provision of the standard.</p> <p>(d).The auditor is not responsible for auditing provision (d) of the standard.</p> <p>This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). Agency policies 02.05.100 and 02.05.101 establish procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The agency has developed a training curriculum specific to medical and mental health staff that was reviewed by this auditor. These materials expand upon the basic training module 2 to cover the four points required by the standards. Training materials cover the detection of sexual abuse and harassment, preservation of evidence, how to respond to victims of sexual abuse and harassment and facility reporting responsibilities for allegations of sexual abuse and harassment. Forensic examinations are conducted at an outside medical provider, Sparrow Medical Center, and no evidence is collected by medical or mental health practitioners. The facility provided documentation of 23 medical and mental health practitioners having completed the training modules related to their specific disciplines that were reviewed by the auditor. Through three formal and two informal interviews during the on-site audit, both medical and mental health staff confirmed that they have received computer based training that covers the standard requirements and were able to explain how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment demonstrating compliance with this provision.</p> <p>(b). Neither the facility nor its staff conduct forensic examinations at SLF. Inmates are sent to Sparrow Medical Center for all forensic examinations. Therefore, training records consistent with this provision of the standard are not required.</p> <p>(c). The facility provided documentation of all 23 medical and mental health practitioners completion of the specialized training modules that was reviewed by the auditor. The training records are kept in electronic computerized training records system for employees called TAD. All staff training completion documentation is in the TAD system as was observed during the interview with the Training Sergeant. Training completion logs were sent to this auditor in the pre-on-site audit phase. The Training Sergeant stated that contracted practitioners are provided training through their company. Upon completion of the training he is provided with the information and it is entered into the TAD system. The facility demonstrates compliance with this provision of the standard.</p> <p>(d). The agency has developed a training curriculum specific to medical and mental health staff that includes and expands upon the Basic Training Module 2 in order to cover the key points required by the standards. Employees must complete the Basic PREA Training Module 1 and 2 required of all employees as part of accessing this expanded training specific to each discipline. The auditor's review of these training materials, the five staff formal/informal interviews, and corresponding completion of training records for all 23 medical and mental health staff within the last 12 months; demonstrates compliance with this provision of the standard.</p> <p>This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this</p>





115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). As per the PREA Manual, PREA Risk Assessment Manual, and policy directive 03.03.140; a PREA Risk Assessment shall be completed within 72 hours of the inmate's arrival at a correctional facility, this includes transfers. During the facility tour the auditor conducted two informal interviews with ARUS's who are responsible for risk screening and three ARUS's were formally interviewed. They reported that they screen inmates upon admission to the facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Of the forty-two random interviews conducted during the on-site audit phase, nineteen of them entered the facility within the last twelve months, ten of those inmates reported that they were asked questions regarding their history of sexual abuse, sexual or gender identity, or feelings regarding risk of sexual abuse They reported these questions were asked within one to three days. The remaining nine inmates reported that they were not asked such questions. This auditor reviewed the Risk Assessment tracker and compared it to the dates that eight inmates arrived with the dates of the 72 hour and 30 day assessments entered into the tracker. The eight assessments were being conducted in compliance with the timelines of this standard. The three staff interviews that perform risk screenings indicated that the Risk Assessments are being conducted on the date of reception or shortly thereafter by a trained staff member.</p> <p>Due to the responses of the 9 out of 19 inmates interviewed that arrived within the past 12 months, this auditor was unable to determine compliance with this provision of the standard. After further investigation the auditor determined that all ARUS's were completing the assessments at appropriate times however, some were conducting the interviews face-to-face while others were completing by a chart review only. This explained the disparity amongst the responses from the inmates. The PREA auditor determined corrective action was necessary and the staff conducting assessments needed to be retrained specifically on the assessments being conducted face-to-face. The PREA Analyst developed a refresher training with all ARUS's who are responsible for completing the risk screening, which occurred on April 17, 2019. The training addressed that the risk assessments must be completed face-to-face with the inmate upon entry within 72 hours and within 30 days. A copy of the training was provided to this auditor. Corrective action was completed on April 22, 2019 when this auditor received confirmation of the training which was held on April 17, 2019. The training was attended by all ARUS's. The Individual Training Program Report and meeting minutes were provided to this auditor. The refresher training was conducted by the PREA Coordinator and was provided to the RUM's and ARUS's. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets in present, and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed in person; 3) confidentiality, 4) notification requirements, 5) referrals. This auditor is satisfied that this training corrects the deficiencies identified during the audit.</p> <p>(b). MDOC Policy dictates that risk assessments are to be conducted within 72 hours of the inmate's arrival at the facility. St. Louis Correctional Facility reports that 666 inmates entered the facility within the last twelve months whose length of stay was 72 hours or more, all were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72</p>

hours of entry into the facility. Three staff responsible for performing risk screening interviewed formally and two informally throughout the facility tour report conducting the risk screening within 72 hours of the inmates arrival to the facility. As with provision a. of this standard inmate interviews revealed that nine of the inmates interviewed do not recall having a risk screening completed upon arrival at the facility. In response to the interview results, the PREA Analyst developed a training which was conducted with all ARUS's who are responsible for completing the risk screening. The training addressed that the risk assessments must be completed face-to-face with the inmate upon entry within 72 hours and within 30 days. A copy of the training was provided to this auditor. Corrective action was completed on April 22, 2019 when this auditor received confirmation of the training which was held on April 17, 2019. The training was attended by all ARUS's. The Individual Training Program Report and meeting minutes were provided to this auditor. The refresher training was conducted by the PREA Coordinator and was provided to the RUM's and ARUS's. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets if present and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed in person; 3) confidentiality, 4) notification requirements, 5) referrals. This auditor is satisfied that this training corrects the deficiencies identified during the audit.

(c). The PREA Risk Assessment Worksheet, CAJ-1023, that was reviewed by the auditor meets objective criteria as required by this provision 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.

(d). Based on a review of the MDOC PREA Manual and the PREA Risk Assessment Manual, the auditor is satisfied that the intake screening instrument meets the 10 criteria set forth in this provision of the standard.

- (1). Whether the inmate has a mental, physical, or 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 (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)
- (8). Whether the inmate has previously experienced sexual victimization
- (9). The inmate's own perception of vulnerability
- (10). Whether the inmate is detained solely for civil immigration purposes

While the tool does not affirmatively address criteria 10, neither the agency nor the SLF house inmates solely for civil immigration purposes. An affirmative assessment of a risk factor that does not exist within the agency ,agency, civil immigration, was determined unnecessary. The

PREA Risk Assessment Manual, which outlines the procedures for the use of the intake screening tool, clarifies that the remaining nine elements of the standard are affirmatively addressed within the intake screening process to demonstrate compliance with this provision of the standard.

(e). Based on a review of the MDOC PREA Manual, the PREA Risk Assessment Manual, and interviews with both of the staff members conducting risk assessments; the auditor is satisfied that the intake screening instrument meets the requirements of this provision of the standard. The PREA Risk Assessment Manual references documented history of sexual abuse, violent convictions and a history of institutional violence- including sexual, demonstrates that the risk factors enumerated under this provision of the standard is adequately inclusive of both convictions and known institutional behavior.

(f).The MDOC PREA Manual and PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for risk assessment completion. The facility's reassessment process consists of three questions, two of which are certification by the assessor that the original victim and aggressor instruments are accurate.

During the on-site portion of the audit, fifteen inmate files were randomly sampled on the housing units. During this sampling, staff at the facility were asked to pull up computerized movement records of the selected files to verify that reassessment of risk was taking place within 30 days. All files were found to be compliant. The facility is technically completing a reassessment within 30 days consistent with this provision of the standard. However, during this review and inmate random interviews it was discovered that the 30 day assessments were not occurring face-to-face with the inmate. They were merely based off the ARUS's review of documents and within the computer system.

Corrective Action: This auditor recommended that all ARUS's be retrained on proper reassessment guidelines. I received confirmation via email from the PREA Analyst on April 22, 2019 that the training had been conducted on April 17, 2019. The training was attended by all ARUS's. The Individual Training Program Report and meeting minutes were provided to this auditor. The refresher training was conducted by the PREA Coordinator and was provided to the RUM's and ARUS's. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets if present and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed in person; 3) confidentiality, 4) notification requirements, 5) referrals. This auditor is satisfied with the corrective action and finds the facility compliant with this provision of the standard.

(g). Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual specify that assessments shall be conducted when warranted due to the factors enumerated by the standard. An ARUS responsible for risk screening reported conducting a reassessment of an inmate after a referral from mental health staff to demonstrate compliance with this provision of the standard. This was able to be confirmed as the inmate file was provided along with the correspondence between staff members.

(h). 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." The PREA Coordinator and staff responsible for conducting assessments confirm that during interviews the assessment is voluntary and that there are no disciplinary consequences for failing to participate, consistent with this provision of the standard. The intake staff member interviewed stated that no inmates had refused to answer the questions but assured the auditor that they would not be punished if this were to happen. There were forty-two random interviews conducted and zero reported that they were disciplined after completing a Risk Assessment.

(i). The MDOC PREA Manual and Policy Directive 03.03.140, which was reviewed by this auditor, confirms that information obtained during the risk assessment process shall be treated as confidential information and only shared with designated staff in accordance with Department policy. Risk assessment information shall not be shared with prisoners. During the audit tour and through interviews with the PREA Manager and PREA Coordinator, only those staff with a supervisory role 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

St. Louis Correctional Facility was not in compliance with provisions a, b, d, and f, of this standard. Following the notification of completion of recommended corrective action on April 22, 2019, this auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). The MDOC PREA Manual and policy 05.01.140 were reviewed by this auditor and it was found that the agency policies are compliant and mirror the language set forth in the standard. The Department utilizes a computerized assessment process to arrive at an inmate classification for risk. The results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. St. Louis Correctional Facility operating procedure 03.03.140 states that results of the screening will be considered when assigning housing, bed, and work assignments. This auditor was provided with a print out of the housing unit count board which indicates the prisoner name, bed location, and their PREA designation (potential aggressor, potential victim, or no score). The facility PREA Coordinator reports that the facility uses the information from the risk screening during intake to determine appropriate housing, education, and job placement. The ARUS's who are responsible for conducting the risk screening, report that the assessment is used to protect inmates from sexual abuse by preventing victims to be housed with predators or have significant contact such as during school, programming, or work. While onsite this auditor reviewed with the Control Sergeant how bed moves were made. The Sergeant showed the auditors how the system does not allow a potential victim to live in the same cell as a potential aggressor. During the facility tour the audit team witnessed correctional officers coordinating an inmate bed move. The officer was asked why the inmate was being moved and the officer stated that the inmate was being moved due to his risk level and another inmate needed to be moved to not allow a potential victim and a potential aggressor to live in the same cell. This auditor finds that the staff at St. Louis Correctional Facility were very familiar with the use of risk level in housing, work and programming determinations.</p> <p>(b). The MDOC PREA Manual states that decisions based on PREA risk assessment results shall include individualized determinations addressing how to ensure the safety of each prisoner. St. Louis Correctional Facility Operating Procedure 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners," MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners", and Policy Directive 05.01.140 "Prisoner Placement and Transfer" states that the results of risk assessments shall be considered when making housing, bed, work, education, and program assignments. Two ARUS's who are responsible for the risk screening were interviewed during the on-site audit phase and both reported that the PREA risk screening is used to determine housing, school, programming, and jobs. Throughout the facility tour this auditor informally interviewed ten staff and found that they are very familiar with the use of the risk assessment in housing, work, and programming decisions.</p> <p>(c). MDOC PREA Manual states that in deciding whether to assign a transgender, intersex or gender dysphoria prisoner to a facility for male or female prisoners, and in making other housing and programming assignments, facility staff shall consider on a case-by-case basis whether a placement would compromise the prisoner's health and safety and whether the placement would present management or security problems to the MDOC. MDOC Policy Directive 04.06.184 "Gender Dysphoria," states that when making housing and programming assignments, the Gender Dysphoria Collaborative Review Committee and facility staff shall</p>

consider on a case-by-case basis whether a placement would compromise the prisoner's health and safety and any management or security concerns. The Gender Dysphoria Collaborative Review Committee consists of the MDOC Chief Medical Officer, Chief Psychiatric Officer, Mental Health Services Director, Gender Dysphoria consultants, and the Correctional Facilities Administration Deputy Director. The facility PREA Coordinator stated during his interview that the Department always considers the health and safety of the inmate when considering placement for transgender or intersex inmates. The PREA Coordinator also noted that management and security problems are also considered in the determination of housing for transgender and intersex inmates. Three transgender inmates were housed at St. Louis Correctional Facility at the time of the on-site audit, all three were interviewed and report that the staff did ask questions about their safety and they were not put in a housing area solely due to their status.

(d). MDOC PREA Manual and Policy Directive 04.06.184 "Gender Dysphoria" states that placement and programming assignments for transgender, intersex, and gender dysphoric inmates shall be reassessed by health care or mental health care staff at least twice each year to review any threats to safety of the inmate. The auditor met with the Chief Psychologist for St. Louis Correctional Facility and he provided the processes in place to ensure safety and good health of the transgender, gender dysphoric, and intersex inmates. The Chief Psychologist reports that transgender, gender dysphoric, and intersex inmates are seen on a regular basis by medical and mental health care staff to ensure that the appropriate accommodations are being made. They are being housed in the least restrictive environment while still ensuring safety. The Chief Psychologist reported that each transgender inmate housed at Central Michigan Correctional Facility is seen by a Psychiatrist annually and the therapist meets with them regularly to maintain the individualized treatment plan and the reentry plan. The PREA Analyst stated that all transgender, intersex and gender dysphoric inmates have their individualized management plan reviewed and updated every six months. The Chief Psychologist reviewed all three transgender inmates files with the auditors. The files contained the six month reviews and documentation of regular services with the therapist.

(e). MDOC PREA Manual and Policy Directive 04.06.184 "Gender Dysphoria" states that; a transgender, intersex, or gender dysphoria prisoner's own views with respect to his or her own safety shall be given serious consideration in placement decisions. This auditor was provided a copy of the handout given to all inmates at the reception center providing inmates with information regarding gender dysphoria. The handout includes information as to how to get help from MDOC staff and voice concerns. The facility PREA Coordinator stated that transgender and intersex inmates' views with respect to their own safety is always given serious consideration in placement and programming assignments. The three transgender inmates interviewed reported that staff ask questions about their safety in making decisions regarding housing and programming.

(f). MDOC PREA Manual states that transgender, intersex and gender dysphoria inmates shall be given the opportunity to shower separately from other prisoners. Policy Directive 4.06.184 "Gender Dysphoria" states that; access to the toilet and shower facilities with relative privacy shall be considered in the development of an individual management plan for gender dysphoria. The facility PREA Coordinator reports that transgender inmates are able to shower separately than other inmates. All three transgender inmates interviewed reported being able to shower separately. All showers at SLF are individual showers that were inspected by this

auditor both on the unit and via CCTV monitors.

(g). MDOC PREA Manual states that prisoners shall not be placed in dedicated facilities, units or wings solely on the basis of sexual orientation or gender identity status unless such placement is for the safety and security of the prisoner, is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or court order. MDOC Policy Directive 05.01.140 "Prisoner Placement and Transfer" states that information about a prisoner's sexual orientation that is unrelated to the prisoner's behavior shall not be used by staff for any purpose, including placement and transfer decisions. St. Louis Correctional Facility is not subject to a consent decree, legal settlement, or legal judgement requiring that a dedicated facility, wing, or unit be established for housing lesbian, gay, bisexual, transgender, or intersex inmates. Nine LGBTI inmates were interviewed during the on-site audit. All report that they are not housed in any specific unit, wing, or facility for only LGBTI inmates. This auditor reviewed their current housing assignment and previous housing assignment. There were no specific housing assignments and all housing units are being utilized supporting this provision of the standard.

This auditor find St. Louis Correctional Facility to be in compliance with all provisions of this standard.



115.43	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). The Michigan Department of Corrections PREA Manual states that prisoners at high risk for sexual victimization or who are alleged to have suffered sexual abuse shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete and a determination has been made that no less restrictive means of separation from likely abusers exist. If the review cannot be conducted immediately, the prisoner may be held in temporary segregation for up to 24 hours while the review is completed. If no less restrictive means of separation from the alleged abuser exist, the prisoner shall be assigned to temporary segregation for a time period not to exceed 30 calendar days. As per MDOC Policy Directive 04.05.120 "Segregation Standards" temporary segregation is used when it is necessary to remove a prisoner from general population pending an investigation of a prisoner's need for protection or transfer. A prisoner's placement in temporary segregation, including the reason shall be documented in writing and approved by the Warden or designee within 72 hours after placement in temporary segregation. Wardens shall ensure that prisoners are not confined in temporary segregation for more than seven business days except if the prisoner is awaiting transfer to an institution which can meet the prisoner's protection needs. In such cases, the prisoner shall be transferred as soon as possible. As per the Assistant Deputy Warden, the Department prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregation in lieu of other housing options unless an assessment has determined there are no available alternative means of separation from alleged abusers. As per the Assistant Deputy Warden, involuntary segregation is always used as a last resort until an alternative placement is found. SLF has not placed any inmates that are deemed high risk for victimization in segregated housing during this 12 month audit cycle. Five inmates reported abuse or disclosed sexual victimization were interviewed. One of the five stated that they preferred to be SLF's step-down unit which is partial segregation and refuse to be moved. They feel it's less stressful especially with a maximum sentence date approaching. The other four inmates stated that they have never been placed in segregation at SLF even after initially reporting an allegation or disclosure of victimization.</p> <p>(b). Agency policy 04.05.120 and the MDOC PREA Manual, which were reviewed by the auditor, specify that inmates shall maintain access to programs, privileges, education, and work opportunities. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. SLF has not placed any inmates that are deemed high risk for victimization in segregated housing during this 12 month audit cycle. SLF provides programming, privileges, and education to inmates in Administrative Custody on a regular basis so if the situation presents itself compliance with provision would be attainable.</p> <p>(c). MDOC PREA Manual states that if no less restrictive means of separation from the alleged abuser exist, the prisoner shall be assigned to temporary segregation for a time period not to exceed 30 calendar days. As per Policy Direction 04.05.120 "Segregation Standards"; Wardens shall ensure that prisoners are not confined in temporary segregation for more than seven business days except if the prisoner is awaiting transfer to an institution which can meet</p>

the prisoner's protection needs. In such cases, the prisoner shall be transferred as soon as possible. The facility reports to the auditor through interviews with the PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization. He stated that if an inmate were placed into involuntary segregation due to risk of victimization, we would look for an alternative means of managing the inmate and get them out to another housing or facility within a day or two. The facility has a policy and plan in place if the situation occurred.

(d). The MDOC PREA Manual and Policy Directive 04.05.120 "Segregation Standards" state; if a temporary segregation assignment is made the facility must document the basis for the facility's concern for the prisoner's safety and the reason why no less restrictive means of separation can be arranged. St. Louis Correctional Facility reports that no inmates were housed in involuntary segregation due to their risk of sexual victimization and this was confirmed by the five inmate interviews previously noted.

(e). MDOC PREA Manual states that every thirty days a review shall be conducted of inmates placed in involuntary segregation due to high risk of sexual victimization to determine if there is a continuing need for separation from general population. Policy Directive 04.05.120 "Segregation Standards" states that at least every 30 days a prisoner in segregation status must have a review conducted. SLF has not placed any inmates that are deemed high risk for victimization in involuntary segregation during this 12 month audit cycle. The facility has a policy and plan in place if the situation occurred.

This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). The Michigan Department of Corrections (MDOC) Prisoner Guide Book encourages inmates to report incidents of sexual abuse immediately to staff whether verbally or in writing utilizing a kite, leaving a message on the MDOC Sexual Abuse Hotline, writing the Legislative Ombudsman's Office, or the writing the Michigan State Police. The Prisoner PREA Brochure and Sexual Abuse posters provide the same information. During the on-site tour of the facility this auditor observed that Sexual Abuse posters were visible in all housing units and common areas. The MDOC PREA Manual and policy directive 03.03.140 states that prisoners may report sexual abuse or sexual harassment, retaliation by other prisoners or staff for reporting sexual abuse or sexual harassment, and staff neglect or dereliction of duty that may have contributed to such incidents; verbally, in writing, anonymously, or through third parties. Reports can be made to any staff member, the Sexual Abuse Hotline, grievance process, via third parties, the MSP, or through informing the Michigan Legislative Corrections Ombudsman. The St. Louis Correctional Facility Orientation handbook for inmates notes reporting methods for victims of sexual assault and instruction on maintaining evidence. Staff interviewed reported that inmates are able to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by utilizing the hotline, grievance process, reporting to any staff member, and writing a kite. When inmates were interviewed and asked how they would report any sexual abuse or sexual harassment that happened to them or someone else in the facility they reported they would use the hotline, notify a staff member, or write a kite.</p> <p>(b). The PREA Manual, Policy Directive 03.03.140, the Prisoner Guide Book, PREA posters throughout the facility, and the Prisoner PREA Brochure all state that inmates can contact the Legislative Corrections Ombudsman. These reports can be made anonymously. Policy Directive 05.03.118 "Prisoner Mail" states that mail being sent to The Office of the Legislative Corrections Ombudsman is to be sealed by the prisoner and shall not be opened or otherwise inspected by staff. This auditor was provided with a Memorandum of Understanding (MOU) between the two agencies which specifies that reports must be forwarded immediately. St. Louis Correctional Facility does not hold individuals for civil immigration purposes. The facility PREA Coordinator reports that the facility provides multiple ways for inmates to report abuse or harassment to a public or private entity or office that is not part of the Department. The PREA Coordinator provided the following examples, PREA Hotline, JPAY (email), through a 3rd party, and verbally during visits or phone calls- family and friends can access reporting methods on the MDOC website. The PREA Coordinator further stated that these methods of reporting enable receipt and immediate transmission of inmate reports of sexual abuse and sexual harassment to Department officials that allow the inmate to remain anonymous upon request. This auditor tested the PREA Hotline from the housing unit to ensure functionality. An email was received by the PREA Analyst and PREA Manager notifying the time, date, and relative information provided during the call. Interviews of 42 random inmates were aware of the reporting methods but were not aware that any of these methods could be utilized anonymously. This prompted the auditor to review the materials provided to the inmates for reporting methods. The policies, PREA Manual, and MOU clearly state methods for</p>

anonymous reports however these materials are not readily provided to the inmates beyond request from the library. The Sexual Violence brochure, PREA Hotline poster, Facility Orientation packet, and Prisoner Guidebook are all provided to the inmates with methods of reporting but not one of them state methods that the inmate can report anonymously. Recommendation for Best Practice: Update the Sexual Violence brochure, Facility Orientation packet, and Prisoner Guidebook to include ways inmates can anonymously report to ensure they are aware it exists. The auditor notes this information was discovered during the post-audit period so a discussion during the on-site portion did not occur. This information was relayed to the MDOC PREA Compliance Manager, PREA Analyst, and SLF PREA Coordinator on April 27, 2019. On April 28, 2019, the facility PREA Coordinator and Assistant Deputy Warden responded to the recommendation and placed an update to all SLF inmates with existing methods of reporting that can be made anonymously. The PREA Coordinator also sent this auditor an addendum to the Orientation Packet that include the methods of anonymously reporting.

This auditor received an email on April 29, 2019 from the PREA Analyst stating that the following information has been posted on JPay statewide, which is through the inmates tablet or on the kiosk: "If you believe you are a victim of sexual abuse or sexual harassment, or wish to report such conduct using the Sexual Abuse Hotline, the following procedure must be followed: For English press 1; For Spanish press 2 Enter \*00553557732". "If you or someone you know have been sexually abused or sexually harassed and you would like to receive emotional support services by calling An Inside Line, the following procedure must be followed: For English press 1; For Spanish press 2 Enter \*12348861492". "By following the above instructions when dialing either line, your call will be free of charge, confidential, unmonitored, and anonymous."

Finally, the Prisoner Handbook will be updated with the information with the next scheduled revision. The facility is compliant with this provision as current policy exists to allow for anonymous reporting methods, the recommended updates ensure the inmates are made aware of the methods to enhance compliance.

(c). Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by this auditor, confirm that staff are required to report all elements denoted within this provision of the standard. A review of investigations support that facility staff promptly take action based on any PREA related reports made to them. Formal interviews of 15 staff and 10 informal interviews during the on-site 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.

Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor in determining compliance with this provision, 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. There were eighteen investigative reviews and the investigative tracker that provided adequate examples of written, verbal, and Third Party allegations that were immediately forwarded to the attention of investigatory staff. An interview with the Assistant Deputy Warden confirms that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on this information, this

auditor determined compliance with this provision.

(d). Policy 03.03.140, the PREA Manual and Module 2 of the PREA training educates staff on their reporting options. These materials were reviewed by the auditor. Staff may make a private report to a supervisor, via the hot-line and via the agency's website reporting form. The agency provides multiple methods for staff to make private reports of sexual abuse and sexual harassment of inmates. Interviews of 15 random staff indicate that staff are aware of methods to privately report sexual abuse and sexual harassment of inmates.

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

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) The agency utilizes administrative procedures to address sexual abuse and is not exempt as specified in this provision of the standard.</p> <p>(b). MDOC PREA Manual and Policy Directive 03.03.140, "PREA and Prohibited Conduct Involving Prisoners", which was reviewed by the auditor in determining compliance with this provision, allows for an inmate's PREA Grievance, form CAJ-1038A, to be submitted at any time to the facility PREA Coordinator. Inmates are not required to informally resolve the alleged incident prior to filing a PREA grievance. The PREA grievance will address the elements of the grievance dealing with sexual abuse; however, will require the inmate to resubmit non-PREA related items in accordance with policy 03.02.130 Prisoner/Parolee Grievances.</p> <p>The SLF Grievance Coordinator was interviewed by the auditors during the on-site audit phase. The Grievance Coordinator reported that if a grievance was received that was a PREA Grievance for sexual abuse it would be sent to the facility PREA Coordinator. All grievances received regarding harassment of any kind are processed by the Grievance Coordinators. The Grievance Coordinator reports that if a grievance was received that stated the inmate was raped a referral would immediately be sent to medical and the PREA Coordinator would be contacted immediately. This auditor reviewed the PREA Grievance form as well as eight filed PREA Grievances. During the facility tour seven staff were asked about reporting methods for inmates each responding that filing a PREA grievance was one method that could be utilized.</p> <p>(c). MDOC PREA Manual and Policy Directive 03.03.140, "PREA and Prohibited Conduct Involving Prisoners", states that prisoners shall not be required to submit a PREA grievance to a staff member who is the subject of the complaint and no PREA grievance will be referred to a staff member who is the subject of the complaint. Grievances may be submitted in locked boxes throughout the facility. During the on-site audit of the facility there were numerous Grievance lock boxes identified in housing units and common areas. This creates an avenue for grievance submission without having to give it to a staff member. There were six completed PREA Grievance forms provided for review by SLF. This auditor also reviewed eight random PREA grievances. All grievances were cross-referenced with the PREA tracker to ensure that the assigned investigator was not the subject of the PREA complaint which proved compliance with the standard.</p> <p>(d). The MDOC PREA Manual and Policy Directive 03.03.140, "PREA and Prohibited Sexual Conduct Involving Prisoners", which was reviewed by the auditor in determining compliance with this provision, states the PREA Coordinator 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</p>

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 Manager 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. St. Louis Correctional Facility reports that there were seven grievances files in the last twelve months that alleged sexual abuse. All seven received a final decision within 90 days, no extensions were needed. The seven grievances filed alleging sexual abuse were reviewed and all seven received a response within the set time limits of this provision. Interviews were conducted during the on-site audit phase with three inmates who reported sexual abuse. All three reported that they were told in writing within two months of a decision regarding their reported sexual abuse allegation.

(e). The MDOC Policy Directive 03.03.140 and the PREA Manual, which was reviewed by the auditor in determining compliance with this provision 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. There were no instances of a third party PREA grievance being filed at SLF in the past twelve months.

(f). The MDOC PREA Manual and 03.03.140, "PREA and Prohibited Sexual Conduct Involving Prisoners", which were reviewed by this auditor, establish procedures for the processing of any emergency grievance in accordance with the standards requirement. They state a prisoner or a third party may file an emergency PREA grievance if he/she believes that the prisoner is subject to substantial risk of imminent sexual abuse. The PREA grievance form, CAJ-1038A, has a check box indicating the grievance is an 'Emergency' PREA grievance. 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 Manager 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. St. Louis Correctional Facility has not determined an inmate to be subject to a substantial risk of imminent sexual abuse in the last twelve months.

(g). The MDOC PREA Manual and Policy Directive 03.03.140 state that any prisoner who makes a false allegation of sexual abuse on a PREA grievance which is investigated and determined to be unfounded may be disciplined as per the Prisoner Discipline policy. The

Prisoner Guidebook informs inmates that making false allegations against staff and other inmates can result in disciplinary action. It further states that it must be shown that the prisoner knew the allegation was false when the allegation was made and the grievance was filed intentionally. St. Louis Correctional Facility had no grievances alleging sexual abuse filed in the last twelve months which resulted in disciplinary action by the facility against the inmate for having filed the grievance in bad faith.

This auditor finds that St. Louis Correctional Facility is compliant with all provisions of 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>(a). St. Louis Correctional facility provided examples of postings, memo's, brochures, and the "An End to Silence Inmates Handbook". This handbook provides the address for Michigan Coalition to End Domestic and Sexual Violence and copies are available in the library. This organization offers support and counseling services to inmates. The Just Detention International hotline provides inmates who have been sexually abused or harassed with emotional support services over the telephone and by mail. Photographs of the Sexual Abuse Reporting hotline and Just Detention International (JDI) posters were provided prior to the on-site visit and also observed while touring the facility. The posters were in both English and Spanish throughout the facility and housing units.</p> <p>The MDOC does not house persons solely for civil immigration purposes.</p> <p>The facility has also made it clear in policy directive, 05.03.130 – Prisoner Telephone Use, that the hotline numbers have been placed on the Universal List which allows all prisoners' access to the number and to the extent it will be monitored.</p> <p>(b). Through policies 05.03.118 Prisoner Mail, 05.03.130 Prisoner Telephone Use, the PREA Manual and the Prisoner Guidebook which were reviewed by the auditor in determining compliance with this provision of the standard, inmates are adequately made aware of how communications are monitored and which lines of communication are unmonitored for confidentiality purposes. This auditor reviewed a memo dated January 15, 2019 from Just Detention International to all the "people in Michigan Department of Corrections facilities" providing notification of the new hotline which is free, unrecorded, unmonitored, anonymous, and confidential. The inmates interviewed as part of the on-site audit phase reported that they were aware that the phone lines used for victim services were unrecorded and confidential. Interviews with three Inmates who reported abuse stated that contact information for outside services was provided to them however, none of the inmates had utilized the services in order to explain the ease or confidentiality.</p> <p>(c). MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that the Department shall provide prisoner victims with access to outside victim advocates for emotional support services related to sexual abuse if available. Michigan Department of Corrections entered into an MOU effective April 11, 2018 extending through September 30, 2020 with Just Detention International (JDI) to institute a statewide crisis sexual abuse support line for survivors of sexual abuse and sexual harassment housed within Michigan State Corrections facilities. This auditor was provided a copy of this MOU. As part of this MOU JDI is responsible for engaging the Michigan Coalition to End Domestic Violence and Sexual Violence and local rape crisis centers, with the goal of building the capacity of Michigan service providers and ensuring that referrals made to MDOC prisoners are as effective as possible.</p> <p>This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.</p>

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). Through a review of the Memorandum of Understanding (MOU) between the Michigan Department of Corrections and The Legislative Corrections Ombudsman, the Sexual Abuse reporting poster, the online reporting form, and an example of a facility email documenting receipt and action on a 3rd party report; the auditor is satisfied that the agency and the facility permit third party reports of sexual abuse and sexual harassment. All methods that are accessible to an inmate directly reporting sexual abuse and sexual harassment are also available for third party reporting, 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 this provision of the standard was determined.</p>

115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by this auditor, confirm that staff are required to report all elements denoted within this provision of the standard. A review of eighteen investigations support that facility staff promptly take action based on any PREA related reports made to them. Twenty-two formal and informal interviews during the audit inspection 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.</p> <p>(b). Policy 03.03.140, local procedures 03.03.140 and the PREA Manual, which were reviewed by this auditor, contain distinct prohibitions against sharing any information received from a sexual abuse report, consistent with this provision of the standard. The only acceptable disclosures are relative to investigative, treatment, security and management decisions. Agency policy and fifteen 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, sexual harassment, or retaliation to demonstrate compliance with this provision of the standard.</p> <p>(c). Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting. Clinicians are required to disclose their duties to report. Through five 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, harassment, or retaliation to the PREA Coordinator at the facility consistent with this provision of standard to demonstrate compliance.</p> <p>(d). Agency policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, require the facility staff to report any allegation involving a victim under the age of 18 to the agency PREA Administrator for forwarding to the proper state authorities under mandatory reporting laws. The facility does not house inmates under the age of 18 and has not had to make such reports during the audit period identified by this provision of the standard.</p> <p>(e). Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor in determining compliance with this provision, 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 eighteen investigations by this auditor confirms that this practice is carried out within the facility. Investigative reviews provided adequate examples of various reporting methods used and all investigations were logged, assigned, and completed to their entirety. An interview with the Assistant Deputy Warden confirms that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on this information, this auditor determined compliance with this provision.</p>

This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.

115.62	Agency protection duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). Policy 05.01.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with this provision, state whenever a prisoner is subject to imminent risk of sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Action to protect the prisoner may include, but is not limited to, changes in housing units and/or assignments, transfers, and stop orders.</p> <p>The agency confirms that action is taken immediately by the facility to protect inmates. The facility head is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims. An interview with the Assistant Deputy 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 fifteen random staff interviewed recognized their need to take immediate action to protect inmates from victimization.</p> <p>This auditor finds St. Louis Correctional Facility in compliance with this standard.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). Policy 03.03.140 and the MDOC PREA Manual, which were reviewed by this auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. Interviews with the Assistant Deputy Warden and PREA Coordinator confirm that the Warden would notify the Warden of the facility where the alleged abuse occurred immediately via email. SLF has not had any allegations of this nature during this 12 month rating period to review. Based upon administrative interviews and the review of policy, SLF demonstrates compliance with this provision of the standard.</p> <p>(b). Policy 03.03.140 and the MDOC PREA Manual, which were reviewed by this auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution within 72 hours. The Assistant Deputy Warden and PREA Coordinator were interviewed and stated the Warden would immediately notify the Warden of the facility the alleged abuse occurred demonstrating compliance with this provision of the standard.</p> <p>(c). The PREA Manual and agency policy 03.03.140, which were reviewed by this auditor, require that such notifications are made within 72 hours. SLF has not received allegations of this nature however, the Assistant Deputy Warden and PREA Coordinator confirmed that notifications would be made immediately via email from the Warden to demonstrate compliance with this provision of the standard.</p> <p>(d). Policy 03.03.140 and the PREA Manual, which were reviewed in determining compliance with this provision of the standard, establish procedures for ensuring that any allegations received from other confinement facilities are investigated. The facility receiving the allegation must ensure the allegation was not previously investigated. If the allegation was not investigated, the facility shall conduct an investigation of the allegations. Interviews with the Assistant Deputy Warden and PREA Coordinator in conjunction with five email examples sent to the Warden of SLF were provided to this auditor. The emails were cross-referenced with the PREA Investigation Tracker and investigative files to confirm that allegations received from other confinement facilities are properly investigated, demonstrating compliance with this provision.</p> <p>This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.</p>

115.64	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). The MDOC PREA Manual, which was reviewed by this auditor, requires the first responding security staff member to take the four actions specified by this provision of the standard; separate the victim and abuser, preserve crime scene, request that the alleged victim does not take any actions that could destroy physical evidence, and ensure that the abuser does not take any actions that could destroy physical evidence. These steps are taken to ensure the safety of the victim and preservation of any forensic evidence should the allegation have taken place within a period of time for the collection of such evidence from the victim and the abuser.</p> <p>An interview with a first responder indicated that as soon as an allegation is known, immediate action is taken to separate the alleged victim and abuser, as well as to inform them not to take any actions that could destroy evidence, such as washing or changing clothes. Any clothing that is collected should be placed into a paper bag. A medical examination follows, where it is determined if a forensic examination is necessary. If there is an allegation that is reported to have taken place in a cell, that area would be sealed off.</p> <p>St. Louis Correctional Facility reports that eight allegations were made reporting sexual abuse, three allegations resulted in security staff separating the alleged victim from the abuser, three allegations was made within a timeframe which allowed for evidence collection and the scene was preserved and protected, the victim and abuser were requested to not take any actions which could destroy physical evidence. Three Inmates who reported sexual abuse were interviewed and stated that assistance from staff immediate and that they were separated from the alleged abuser. The inmates interviewed stated that the staff took them to medical and asked questions regarding the event.</p> <p>Based on a sixteen formal and informal interviews with a first responder, interviews with three inmates who reported abuse, a review of policies, and review of eight investigations this auditor was satisfied that SLF staff are aware of their first responder obligations under this provision of the standard and have executed these obligations when necessary. SLF has pre-made PREA First Responder bags that contain documents and items in order to respond to an allegation more efficiently and thoroughly.</p> <p>(b). The MDOC PREA Manual, which was reviewed by this auditor, requires that a non-custody first responder staff immediately notify a supervisor in their chain of command for a referral to the facility PREA Coordinator. SLF reported that there were no instances during this audit period that a non-custody staff member was a first responder. Non-custody staff are directed to request that the alleged victim not take any actions that could destroy physical evidence. During the audit inspection, fifteen staff were informally interviewed and demonstrated that they were well aware of their responsibilities to request that the alleged victim not take any actions that could destroy physical evidence to demonstrate compliance with this provision of the standard.</p> <p>This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this</p>

standard.

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). The facility has developed its own operating procedures for agency policy 03.03.140. The document titled SLF OP 03.03.140, which was reviewed by this auditor, describes the procedures employed by SLF staff when responding to allegations of sexual abuse. Included in the local procedures is an Evidence Preservation Kit that contains all materials needed for evidence collection and instructions. This allows for an immediate and thorough response to an abuse allegation. The interview with the Assistant Deputy Warden outlined the facility's coordination among first responders, medical staff, investigators, and the review team to process an allegation from start to finish, allowing the auditor to find compliance with this provision of the standard.</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>(a). The MDOC's PREA Manual's language, which was reviewed by this auditor, mirrors the language of this provision of the standard. A review of the six 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 Employee's (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, and United Auto Workers (UAW)-Administrative Support Unit and Human Services Unit. The auditor was satisfied that all agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates, consistent with this provision of the standard. Specifically, when warranted, the employer may take actions that include suspension of an employee during the course of an investigation. This suspension may continue until the time where disciplinary actions are determined.</p> <p>An interview with the Assistant Deputy Warden confirms that the agency maintains the right to assign staff, even in the case of such employee winning a bid position. There are no terms within the bargaining contracts that prevent the employer from removing staff for cause during an investigation to demonstrate compliance with this provision of the standard.</p> <p>(b). The auditor is not required to audit this provision of the standard.</p> <p>This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.</p>



115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). PD 03.03.140, 'Prohibited Sexual Conduct Involving Prisoners', was reviewed and reads: 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 this auditor in determining compliance with this provision 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. At SLF housing unit staff, such as the RUM (Residential Unit Manager) or ARUS (Assistant Residential Unit Supervisor) are responsible for monitoring. Following the completion of an investigation a Retaliation Monitoring sheet is sent from the facility PREA Coordinator to the inmate's assigned ARUS, who fills out the form on a weekly basis. This auditor reviewed retaliation monitoring forms while on-site and was also provided with eighteen investigation files to review which also included the completed retaliation monitoring forms.</p> <p>(b). Through interviews with the PREA Coordinator, PREA Manager, and the Assistant Deputy 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 cooperate with investigations into such actions are protected from retaliation consistent with this provision of the standard. The agency's PREA Manager reported that inmates and staff are protected from retaliation for sexual abuse and sexual harassment allegation through mandatory monitoring for at least 90 days. Methods employed are; permanent separations of the victim, perpetrator, or person suspected of retaliating. The Assistant Deputy Warden was interviewed and asked what were some of the measures used to protect inmates and staff from retaliation. He stated that they use housing changes, victim separations, provide weekly contact through retaliation monitoring for 90 days (which can be extended if necessary), referral to mental health, and Just Detention International support services. Two staff were interviewed who are designated to monitor retaliation. The staff interviewed report that they receive the retaliation monitoring form from the facility PREA Coordinator and they meet with the inmate face-to-face one time per week for at least 90 days. They check with the inmate to see if they are having any issues and note any concerns on the form. If an inmate were to be transferred into their unit from another facility, the staff interviewed report that they also do retaliation monitoring or complete already started monitoring until the 90 days is up. Staff interviewed who monitor retaliation report that they would not house inmates with their abusers or potential abusers and if staff is involved in the allegation that staff member would be moved. Three inmates who reported sexual abuse were interviewed regarding whether they felt protected enough against possible retaliation from staff or other inmates for reporting</p>

what happened. All three inmates who reported abuse reported that they felt safe from retaliation and that their ARUS did meet with them on a weekly basis after their report.

Staff retaliation monitoring is done by the facility PREA Coordinator. There were no reports of staff utilizing the monitoring. Interviews with two staff that wrote reports on PREA allegations were asked if retaliation monitoring was made available to them and both acknowledged it was through the PREA Coordinators office but they declined and it wasn't necessary.

(c). Agency policy 03.03.140 and the PREA Manual, which were reviewed by this auditor in determining compliance with this provision, 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 Assistant Deputy Warden, PREA Coordinator, and staff charged with retaliation monitoring confirm that if retaliation is noticed, it is referred for investigation.

An interview with the Assistant Deputy Warden confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at the facility. In an interview with the Assistant Warden, he expressed a commitment to employing housing unit changes and other protective measures such as transfers. Should retaliation be noticed, an investigation would ensue. The PREA Coordinator 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 this provision of the standard and face-to-face meetings through subordinate staff. The PREA Coordinator noted that suspicions of retaliation result in an investigation and a transfer of either the inmate or staff member to another housing unit. The facility reported no instances of retaliation during the audit period. Investigatory files were reviewed and were found compliant with this provision of the standard.

(d). Two staff responsible for retaliation monitoring stated in an interview that retaliation monitoring typically takes place for 90 days, unless extended, 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 this provision of the standard. The staff members stated that, status checks are typically completed on a weekly basis; however, can take place more frequently if they feel the need to do so.

(e). The PREA Manual, which was reviewed by this auditor, specifies that if any 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 Assistant Deputy Warden confirmed in interviews that allegations of retaliation are taken seriously and investigated when reported by anybody who cooperates with sexual abuse and sexual harassment allegations to determine compliance with this provision of the standard, eighteen files were reviewed and everyone contained a retaliation monitoring form which spanned the length of 90 days or more.

(f). Agency policy 03.03.140 and the PREA Manual, which were reviewed by this auditor in determining compliance with this provision, in conjunction with two staff interviews and the review of eighteen investigations, it is evident that there is 90 days of retaliation monitoring following an inmate's allegation of sexual abuse or sexual harassment unless the allegation is unfounded.

This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The MDOC PREA Manual prohibits placement of inmates who allege sexual abuse or sexual harassment in involuntary segregated housing, unless all other housing alternatives have been deemed unacceptable to effect safe separation between the alleged abuser and the alleged victim. The policy states "Inmates at a high risk for sexual victimization or inmates who have allegedly suffered sexual abuse shall not be placed involuntarily in Administrative Custody (AC) as a means of protection unless an assessment of all available alternatives has been made by Psychology and Security staff in conjunction with the Facility Manager/designee, and a determination has been made that there is no other available alternative means of separation from likely abusers. If the facility cannot conduct the assessment immediately, the facility may hold the inmate in involuntary AC for less than 24 hours while completing the assessment.</p> <p>SLF reports that there has been zero instances in the last 12 months in which other means of separation and housing alternative to involuntary segregation could not be facilitated. A review of eighteen investigative files and housing assignments, supports this claim rendering compliance with this standard.</p> <p>Interviews with the Assistant Deputy Warden, PREA Coordinator, and fifteen random staff interviews provided evidence that involuntary segregation has not been used as means of separation of alleged victims and abusers or for housing a potential victim of an allegation within the past 12 months.</p> <p>Interviews with three inmates who reported sexual abuse and two transgender inmates revealed that they were not placed in segregation after reporting an allegation of abuse or upon transfer to SLF. One transgender inmate was housed in a step-down unit with a more restrictive status but this was not due to being a potential victim or for sexual identity. The placement was not related to any disclosure of allegations of sexual abuse. She was transferred to SLF and housed in the step-down unit due to her custody level. During the interview she stated that she prefers the current housing assignment.</p> <p>It should be noted that while such placements have not occurred in the last 12 months at SLF, the PREA Manual lists provisions to address such cases should they occur. The policy notes the need for continuation for out-of-cell activities, programs, privileges, education, and work opportunities for inmates involuntarily housed in segregation due to allegations of sexual abuse consistent with standard 115.43. SLF already provides these services within their step-down and segregated housing units.</p>

115.71	<b>Criminal and administrative agency investigations</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 1485 663">(a). Policy Directives 03.03.140, Prohibited Sexual Conduct Involving Prisoners, was reviewed and reads: Investigations of prohibited sexual abuse/sexual harassment 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. Michigan Department of Corrections Sexual Violence Response and Investigation Guide requires that: All investigations shall be conducted promptly, thoroughly and objectively.</p> <p data-bbox="252 707 1474 1133">According to the PREA Manual, Reporting and Recording Sexual Abuse and Sexual Harassment Allegations, Staff Reporting: In accordance with PD 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the Department Employee Handbook, staff are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred involving a prisoner under the jurisdiction of the Department including third party and anonymous complaints. These reports may be made privately to the appropriate supervisory staff, through the MDOC Sexual Abuse Hotline, or by completing a Department Sexual Abuse/Sexual Harassment Complaint form on the MDOC website. The MDOC Sexual Abuse Hotline and website Complaint form are available to staff, the public and third party complainants.</p> <p data-bbox="252 1178 1401 1301">The PREA Manual: When receiving any report of sexual abuse or sexual harassment, regardless of the source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for investigation.</p> <p data-bbox="252 1346 1485 1727">Formal Interviews with two 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, if not immediate. 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 ten randomly selected investigatory files and the five investigations sent during the pre-audit demonstrates that the facility responds promptly to allegations, including third party, and initiates investigations after an allegation is made. The random investigations chosen by the auditor included allegations of sexual harassment, verbal sexual harassment, verbal sexual abuse, and sexual abuse.</p> <p data-bbox="252 1771 1469 2074">(b). Agency policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, requires that Department investigators receive basic investigators training from the Training Division as well as specialized training from the National Institute of Corrections (NIC) 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 data-bbox="252 2119 1315 2152">Prohibited Sexual Conduct Involving Prisoners: Investigations of prohibited sexual</p>

abuse/sexual harassment shall be completed by staff who have received specialized investigator training as outlined in the PREA Manual. SLF provided records, reviewed by this auditor in determining compliance with this provision of the standard. SLF has 39 staff who completed the MDOC's Basic Investigator's Training and 39 staff that completed the NIC Specialized Investigator's course. SLF utilizes 21 of these trained staff members to complete all of their investigations.

Interviews with two of the facility investigators and PREA Coordinator demonstrated knowledge of Miranda and Garrity warnings. They articulated considerations for interviewing sexual abuse victims, evidence collection techniques to preserve forensic evidence and knowledge of the preponderance of the evidentiary standard. Their knowledge was indicative that they understood the essentials of the training required under this provision of the standard.

(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 ten random investigative files and five pre-audit investigative files were selected for review. The facility demonstrates that it makes its best efforts to preserve evidence, whether that be in the form of physical evidence, DNA, 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. Moreover, the facility used shift rosters to confirm the presence of staff in areas of the facility during the dates and times pertaining to alleged staff misconduct. An interview with a facility investigator confirmed that it is practice for all parties to be interviewed and that investigations are not completed solely by questionnaire which was an issue in the past. MDOC policy prohibits the use of investigative questionnaires without an interview for PREA investigations, the auditor is satisfied that the SLF conducts interviews as required by this provision of the standard. This was confirmed through three interviews of inmates that made PREA allegations.

The facility utilizes an Investigation Tracker which tracks allegations of perpetrators. This allows the facility to monitor repeat behavior of suspected perpetrators. If the suspected perpetrator has repeated allegations the a file review occurs to take further action and consideration towards a preponderance of evidence.

(d). Basic Investigator's training and the PREA Manual were reviewed by this auditor which support this provision. Two interviews were conducted with trained investigators and with the PREA Coordinator which were used in determining compliance with this provision. Specifically, 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. The interview with the MSP officer supported this practice as well. The auditor finds compliance with this provision.

(e). The PREA Manual, which was reviewed by this auditor, states that an alleged victim's credibility will be assessed on an individual basis and not determined by the person's status as an inmate or staff member. An interview with a facility investigator confirmed that he would judge each person interviewed individually and their status would not affect credibility. He also

confirmed that truth-telling devices are not used in the investigatory process. Two inmates who reported sexual abuse confirmed that their allegations were taken seriously and they were not subjected to any truth-telling device to allow this auditor to find compliance with this provision.

(f). A review of the PREA Manual and 15 sample investigations indicate that staff actions are considered during the course of investigations, where applicable, in compliance with this provision of the standard. Reports are formatted 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. An interview with a facility Investigator confirms that staff acts are considered and investigative reports documenting investigatory activities that support a conclusion are generated. This auditor finds compliance with this provision based upon the agency PREA Manual requirements, interviews, and review of the investigations that the facility has conducted.

(g). This 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, such as video footage, is also referenced that either proves or disproves the investigative outcome. A review of 15 facility investigations by this auditor confirms these reports are written in a format that is consistent with this provision of the standard.

(h). This auditor reviewed agency policies 03.03.140 and the PREA Manual. A review of policy, coupled with interviews of the PREA Coordinator, two facility investigators, and the MSP officer satisfied the auditor that SLF has sufficient procedures in place and has exercised those procedures to refer three substantiated allegations of criminal conduct for prosecution consistent with this provision of the standard.

(i). The PREA Manual, which was reviewed by this auditor, specifies that all investigative reports are retained for as long as the alleged abuser is incarcerated or employed by the Department plus an additional 5 years. The PREA Coordinator took this auditor to the archived investigations within the facility. The auditor notes investigations dating back to 2014 when PREA was implemented at the facility. SLF also maintains electronic files of all investigations. The auditor finds SLF in compliance with this provision of the standard.

(j). The PREA Manual, which was reviewed by this auditor in determining compliance with this provision, specifies that investigations will continue despite the departure of any alleged victim or abuser. The auditor reviewed an investigation where an inmate reported sexual abuse and was later relocated to a different facility while the investigation continued after his departure. The auditor could find no examples of an inmate departing the MDOC that had a pending investigation to reference. There were no examples of the facility terminating an investigation based on the departure of an alleged victim or abuser. During an interview with a facility investigator, he stated that the facility makes every effort to keep applicable parties at the facility until the investigation is complete.

(k). The auditor is not required to audit this provision.

(l). Interviews with the PREA Coordinator and investigators support the fact that facility staff

are required to comply with outside investigators and the facility Inspector is the responsible party for ensuring coordination with the MSP. I reviewed several emails between the PREA Coordinator and the MSP officer regarding the status of investigations. It was evident that SLF and MSP have a very good working relationship. This was confirmed visually, through email reviews, and the interviews of both the PREA Coordinator and the assigned MSP officer. allowing this auditor to find compliance with this provision.

This auditor finds St. Louis Correctional Facility compliant with all provisions of this standard.

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	(a). The PREA Manual and the Basic Investigator Training Manual were reviewed by this auditor specifically that the agency's standard of proof is to be the preponderance of the evidence. Through interviews with two investigators, the PREA Coordinator, the MSP officer, and a review of 15 investigations the facility appears to appropriately employ this standard.



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 1477 573">(a). Agency Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, dictate that the victim in an alleged incident of sexual abuse will be notified of the investigatory outcome utilizing form CAJ-1021. The Warden and facility investigators confirm that inmate victims are notified of the investigatory results whether it was substantiated, unsubstantiated, or unfounded. Review of the 15 investigations demonstrate documentation of inmate notifications to demonstrate compliance with this provision of the standard.</p> <p data-bbox="252 629 1477 954">(b). Agency Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, dictate that the victim in an alleged incident of sexual abuse will be notified of the investigatory outcome. SLF conducts administrative investigations of sexual abuse. They do communicate daily with MSP regarding the status of any criminal investigations of abuse. This auditor reviewed several email correspondence while on-site and interviewed the MSP officer supporting my findings. The auditor interviewed the PREA Coordinator, three inmates that reported an abuse allegation at the facility, and reviewed 15 facility investigations to determine notifications were made, consistent with this provision of the standard.</p> <p data-bbox="252 1010 1477 1301">(c). Agency Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, indicates that the victim in alleged incident of sexual abuse will be notified of the investigatory outcome too include actions taken, if relevant. SLF had one substituted case of sexual abuse involving a contract staff member. This auditor reviewed the notification to the inmate which included the findings, the disciplinary sanction, and termination of the employee. The facility meets this provision of the standard by providing documented notification for allegations that have been determined to be unsubstantiated and substantiated cases.</p> <p data-bbox="252 1357 1477 1603">(d). The PREA Manual, which was reviewed by this auditor indicates that the victim in an alleged incidents of sexual abuse will be notified of criminal indictments and convictions through use of form CAJ-1021. There were no instances within the past 12 months to verify. Through a review of policy and examples of notification form along with evidence that the form is being utilized in every investigation, this auditor is satisfied that the facility is in compliance with this provision.</p> <p data-bbox="252 1659 1477 1861">(e). The facility provided ample documentation through review of 15 investigations that it is utilizing the notification of investigatory results. The facility meets this provision of the standard by providing documented notification of sexual harassment investigatory results as well. Within all sampled investigations, a completed CAJ- 1021 notification form was located as proof of inmate notification to demonstrate compliance with this provision of the standard.</p> <p data-bbox="252 1917 1477 2029">(f). The PREA Manual specifies that an obligation to notify an inmate of investigatory results terminates if the inmate is discharged from the facility's custody, consistent with this provision of the standard.</p>

115.76	<b>Disciplinary sanctions for staff</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 1485 658">(a). Agency policies 02.03.100, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by this auditor. The handbook defines the behavior considered to be sexual conduct and sexual harassment and states that employees shall not engage in such behavior and if they should they will not be eligible for rehire with the Department, the behavior will result in discharge and may lead to criminal prosecution. 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 this provision of the standard.</p> <p data-bbox="252 712 1474 1216">(b). Agency policies 02.03.100, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by this auditor. The staff sanctioning matrix provided to and reviewed by this auditor in policy 02.03.100 verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse. The Human Resources Director provided an employee file for review regarding a recently terminated contract employee who was found to have violated the policy regarding sexual conduct with an inmate. The employee resigned pending the outcome of the investigation and discipline. The employee's information was put in the, Personnel Action Tracking System- Director Approval Inquiry, as a do not rehire due to resignation pending discipline. SLF reported the conduct to MSP. This system assures that the employee cannot be rehired at any other MDOC facility. Based on policy and the review of the personnel investigation file, facility demonstrates it is in compliance with this provision of the standard.</p> <p data-bbox="252 1270 1466 1601">(c). The PREA Manual and staff sanctioning matrix reviewed by this auditor in policy 02.03.100, 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 this provision. According to 02.03.100, the Chief Deputy Director is responsible in determining the sanctions for these violations. Based on policy and the personnel file of a contract employee that was being disciplined for violating the sexual abuse and sexual harassment policies, the facility demonstrates compliance with this provision of the standard.</p> <p data-bbox="252 1655 1477 2029">(d). 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 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 this provision of the standard. A review of the facility's personnel investigation revealed that allegations of sexual abuse or sexual harassment against a staff member will be reported to law enforcement agencies. The investigation reviewed provided the resignations in lieu of termination along with the notification and involvement of MSP, consistent with this provision of the standard.</p>

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). Agency policy 03.03.140 and the PREA Manual which were reviewed by the auditor. 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. The facility utilizes a Stop Order for notification that a contractor, volunteer, or staff member are restricted from SLF property. This is used pending investigations of a serious nature or upon termination of an employee. The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies. Finally, the PREA Manual requires reporting of such conduct to law enforcement and relevant licensing bodies consistent with this provision of the standard. The Human Resources Director provided an employee file for review regarding a recently terminated contract employee who was found to have violated the policy regarding sexual conduct with an inmate. The employee resigned pending the outcome of the investigation and discipline. The employee's information was put in the, Personnel Action Tracking System- Director Approval Inquiry, as a do not rehire due to resignation pending discipline. SLF reported the conduct to MSP. This system assures that the employee cannot be rehired at any other MDOC facility. There were no instances that required the notification to a licensing board within the past 12 months however is clearly defined as a policy requirement when applicable. Based upon noted policies and the terminated contract employee investigative file review the auditor determines compliance with this provision.</p> <p>(b). The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies, consistent with this provision of the standard. An interview with the Assistant Deputy Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from the facility or placed under direct observation if the violation were minor. The facility utilizes a Stop Order for notification that a contractor, volunteer, or staff member are restricted from SLF property. This is used pending investigations of a serious nature or upon termination of an employee. The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies. The Human Resources Director provided an employee file for review regarding a recently terminated contract employee who was found to have violated the policy regarding sexual conduct with an inmate. The employee resigned pending the outcome of the investigation and discipline. The employee's information was put in the, Personnel Action Tracking System- Director Approval Inquiry, as a do not rehire due to resignation pending discipline. SLF reported the conduct to MSP. This system assures that the employee cannot be rehired at any other MDOC facility. Based upon policy review, the Assistant Deputy Warden's interview, and the personnel investigative file on a terminate contract employee, the auditor determines compliance with this provision.</p>

This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). This auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with this provision. These documents 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. Interviews conducted with 15 random Staff, 10 random inmates, 3 inmates that reported abuse allegation, a shift captain, and the PREA Coordinator; confirm that if an inmate-on-inmate sexual abuse allegation is substantiated the aggressor will be discipline through the formal disciplinary process. SLF had one substantiated inmate-on inmate sexual abuse. They separated the inmates and the investigative file had the misconduct ticket for the aggressor. The aggressor was sanction to Detention. During interviews with the inmates, staff, PREA Coordinator, Captain, and review of the substantiated abuse allegation investigative packet this auditor determined compliance with this provision of the standard.</p> <p>(b). This auditor reviewed agency policy 03.03.105A, 03.03.105D, SLF OP 03.03.140, and SLF OP 03.03.104-115, which were determined to establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment consistent with this provision of the standard. An interview with the Assistant Deputy Warden confirms that the facility may raise their custody level and consider adding programming to address the underlying behavior, in conjunction with the sanction, depending upon the severity of the act. SLF had one substantiated inmate-on inmate sexual abuse. They separated the inmates and the investigative file had the misconduct ticket for the aggressor. The aggressor was sanction to Detention. Based upon the established sanctioning matrix relative to the imposition of discipline, an interview with the Assistant Deputy Warden, and the local policy at SLF; the auditor determines compliance with this provision.</p> <p>(c). This auditor reviewed agency policy 03.03.105, SLF OP 03.03.140, SLF OP 03.03.104-115, and the PREA Manual which establishes procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed, consistent with this provision of the standard. SLF had no substantiated allegations of sexual abuse involving an inmate with mental illness or disability which the auditor could gauge facility practice at the time of the audit. Based upon the established sanctioning matrix relative to the imposition of discipline, an interview with the Assistant Deputy Warden, and the local policy at SLF, the auditor determines compliance with this provision.</p> <p>(d). This auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse consider placing offending inmates into such programs. During an interview with facility mental health staff the facility reports no direct experience placing inmates into programming for sexual offenders following a substantiated act of sexual abuse between inmates. Facility mental health staff described an evaluation procedure that would be would be employed if an inmate were found to have engaged in sexual abuse. The evaluation procedures would consist of the administration of the MDOC's assessment tools and Static 99, to determine any relevant treatment need. Based upon an interview with facility mental health staff and policy</p>

requirements, the auditor determines compliance with this provision of the standard.

(e). This auditor reviewed agency policies 03.03.140, 03.03.105 and the PREA Manual. These policies contain language that is consistent with this provision of the standard to verify that inmates may only be disciplined for sexual contact with staff when there is a finding that staff did not consent to such contact. There were no instances during this auditing cycle of inmates being disciplined for consensual sexual contact with staff. Based upon policy requirements, this auditor has determine compliance with this provision of the standard.

(f). This auditor reviewed the PREA Manual when determining compliance with this provision. 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. Interviews with three inmates that reported allegations of sexual abuse confirm that they were not disciplined for filing the allegations even when unsubstantiated. A review of eight unsubstantiated 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 this provision of the standard.

(g). Through a review of the PREA Manual, the Prisoner Guidebook and interviews with the PREA Manager and PREA Coordinator, this auditor was informed that the agency prohibits sexual activity between all inmates. The PREA Manual indicates that inmates who engage in non-coerced 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, this auditor determines compliance with this provision of the standard.

f9

This auditor finds St. Louis Correctional Facility to be compliant with all provisions of this standard.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p data-bbox="252 170 898 203"><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 1484 573">(a). This auditor reviewed agency policies 03.03.140, 03.04.180, PREA Manual, and the PREA Risk Assessment Tracker, which combine to form the agency's approach to providing required medical and mental health services for victims of sexual abuse within 14 days of the assessment. 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 this provision of the standard.</p> <p data-bbox="252 624 1473 1346">Michigan Department of Corrections' PREA Manual states that if a PREA Risk Assessment indicates a prisoner has experienced prior sexual victimization staff shall ensure that the prisoner is referred for a follow-up with a medical or mental health practitioner within 14 days of the intake screening. MDOC policy directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners", states that prisoners identified as having a history of physical or sexual abuse or pose a reasonable concern that they may be sexually victimized while incarcerated shall be referred to mental health for a follow-up interview. MDOC Policy Directive 03.04.100 "Health Services", states that a prisoner who is determined to have a history of prior sexual victimization or previously perpetrated sexual abuse must be offered a follow-up meeting with a Qualified Mental Health Practitioner (QMHP) within 14 calendar days of the assessment. A log of mental health referrals was provided to this auditor and reviewed. Three inmates who disclosed victimization during their risk screening were interviewed during the on-site phase of the audit. All three inmates reported that they were referred to and seen by a QMHP. Three staff who are responsible for conducting risk screenings were interviewed while on-site. All three staff report that if a screening indicates an inmate has experienced prior victimization, follow-up is provided within 14 days by medical and mental health practitioners.</p> <p data-bbox="252 1397 1477 1644">Through interviews with the PREA Coordinator, three staff that conduct the PREA Risk Assessments, three inmates that reported victimization, review of policy, and review of the PREA Risk Assessment Tracker; it was determined that if an inmate's screening indicated previous victimization medical and mental health services were being offered to the inmate. Examples of twelve referrals to health care and mental health were provided to this auditor for review for new SLF receptions who reported victimization.</p> <p data-bbox="252 1695 1484 2157">(b) The MDOC PREA Manual states that if a PREA Risk Assessment indicates a prisoner has previously perpetrated sexual abuse staff shall ensure that the prisoner is referred to a mental health practitioner within 14 days of the intake screening. MDOC policy directive 03.03.140, states that prisoners identified as having been convicted or have a history of predatory or assaultive sexual offenses or sexually aggressive behavior while incarcerated shall be referred to mental health for a follow-up assessment, counseling, and other necessary mental health services. MDOC Policy Directive 03.04.100, states that a prisoner who is determined to have a history of prior sexual victimization or previously perpetrated sexual abuse must be offered a follow-up meeting with a Qualified Mental Health Practitioner (QMHP) within 14 calendar days of the assessment. A log of mental health referrals was provided to this auditor and reviewed. Three staff responsible for conducting risk screenings were interviewed while on-site and</p>

stated that if the screening indicates that the inmate previously perpetrated sexual abuse a referral is made to mental health and the inmate is seen within 14 days.

Through interviews with the PREA Coordinator, three staff that conduct the PREA Risk Assessments, review of policy, tracking logs, and two referrals; it was determined that if an inmate's screening indicated previous perpetrated sexual abuse, medical and mental health services were being offered to the inmate.

(c). This auditor reviewed the Medical and Mental Health log for the twelve referrals noted in the PREA Risk Assessment Tracker to ensure follow-up had occurred within 14 days of the assessment. All twelve inmates referred for a medical and/or mental health follow-up were seen within seven days of the referral.

(d). The MDOC PREA Manual states that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other designated staff as necessary to inform treatment plans and security and management decisions including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Throughout the on-site facility tour the auditors reviewed fourteen random inmate files maintained by the ARUS. Risk assessments are maintained in the electronic system which is password protected and user access is only given to designated staff. No risk assessments were found to have been placed in the files at SLF which complies with the confidentiality intent of this provision.

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

This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.



115.82	<b>Access to emergency medical and mental health services</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 1481 913">(a). This auditor reviewed agency policies 03.03.140, 03.04.125, 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 three mental health staff confirm that a response occurs within 24 hours of an allegation of sexual abuse. Interviews with three Medical staff confirmed that responses are conducted immediately. Through review of investigations, SLF demonstrates that it does consistently provide medical and mental health care to alleged victims of sexual abuse that is consistent with the nature of their allegations for this provision of the standard. Four medical staff interviews indicated that if an inmate has a medical or mental health emergency they are transported to the local emergency room. Three interviews with inmates that reported abuse and were sent for a forensic examination all reported that the facility response was immediate from the time the allegation was reported.</p> <p data-bbox="248 969 1481 1514">(b). The MDOC PREA Manual states that if no qualified medical or mental health staff are on duty at the time of an allegation of recent abuse is made, custody staff first responders shall take preliminary steps to protect the victim and shall immediately provide notification to the appropriate medical and mental health staff. The MDOC Policy Directive 03.04.125 "Medical Emergencies" states, staff must ensure that emergency medical assistance is summoned and shall initiate first aid as soon as possible if necessary. There were fifteen staff first responders interviewed formally and informally during the facility tour. All fifteen responded appropriately when asked what their actions would be as a first responder to an allegation of sexual abuse. Staff interviewed consistently responded by stating that they would separate the victim and abuser, secure the scene in order to protect evidence from being destroyed or tampered with, contact their supervisor, contact medical immediately, not allow the victim or perpetrator to take any action which would destroy evidence, and document the incident on a Memo to the PREA Coordinator.</p> <p data-bbox="248 1570 1481 1771">Random interviews with staff, inmates, and administration indicated that standard 115.62 would be adhered to as 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.</p> <p data-bbox="248 1827 1481 1906">Based upon evidence of emergency services being provided according to the clinical judgment of healthcare professionals, the auditor finds compliance with this provision of the standard.</p> <p data-bbox="248 1962 1481 2157">(c). The MDOC PREA Manual states that prisoner victims of sexual abuse while incarcerated shall be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis. MDOC Policy Directive 03.400.100 "Health Services" states, that prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted diseases as deemed medically appropriate. MDOC Policy Directive 03.04.120</p>

"Control of Communicable Blood Borne Diseases" states, that an offender exposed to blood or other potentially infectious materials shall be immediately referred to an appropriate health care clinic. This auditor was provided with brochures for hepatitis and HIV. These brochures are provided to inmates in the facility through the medical department. All medical staff interviewed stated that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Three inmates interviewed, who reported sexual abuse, all reported that they did receive information and access to emergency sexually transmitted infection prophylaxis. Documentation reviewed for three abuse allegations that required a Forensic Examination at Sparrow Hospital confirmed that all three inmates were offered sexually transmitted prophylaxis and information on sexually transmitted diseases. This auditor finds that the documentation that is in the file is evidence that the policies that are in place are followed for cases in which penetration may have occurred or bodily fluids were present.

Based on the review of investigations and evidence of access to prophylaxis where clinically appropriate, the auditor is satisfied that SLF is in compliance with this provision of the standard. PREA Analyst, PREA Coordinator, Administration, Medical Director, and Shift Captain indicated knowledge that this requirement must be met when an allegation occurs.

(d). The auditor reviewed sample documentation provided, agency policies 03.04.100, 03.04.125, 03.04.120 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 MDOC PREA Manual and Policy Directive 03.04.100 treatment services for victims of sexual abuse is offered free of charge, regardless of whether the victim names the abuser or cooperates with the investigation. Three medical staff interviewed confirm that the victim is not charged for any treatment services. The three inmates interviewed that received a Forensic Examination all stated that they were not charged for any of the treatment.

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

115.83	<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>(a). The MDOC PREA Manual states that the facility shall offer medical and mental health evaluation and as appropriate, all treatment determined to be medically necessary and consistent with the community level of care to prisoners who have been victimized by sexual abuse in any prison, jail, lock up, or juvenile facility. MDOC Policy Directive 03.04.100 "Health Services" states that facilities shall offer medical and mental health evaluations and treatment that is determined medically necessary to prisoners who have been victimized by sexual abuse. This auditor reviewed documentation indicating that individuals who report prior institutional sexual victimization during their risk screening are referred to medical and mental health and have been seen. This auditor reviewed eight sexual abuse investigation files all of which contained a health care and mental health referral for the alleged victim.</p> <p>(b) This 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 director confirmed that a physician would examine an alleged victim and make appropriate decisions to treat injuries, infections, STIs, etc. An interview with three of the facility mental health staff confirmed that an assessment would be made and applicable referrals for psychiatric medication, treatment services, continued care, and crisis stabilization would occur following an allegation.</p> <p>Through interviews with the PREA Coordinator, and three staff that conduct the PREA Risk Assessments, it was determined that if an inmates screening indicated they were a perpetrator of sexual abuse, mental health services were being offered to the inmate as well as an evaluation for continued treatment or potential programming needs.</p> <p>(c) Interviews with three mental health staff confirm that services are delivered according to the clinical judgment of the practitioner. The MDOC PREA Manual states that the facility shall offer medical and mental health evaluation and as appropriate all treatment that is determined to be medically necessary and consistent with the community level care to prisoners who have been victimized by sexual abuse in any prison, jail, lock up, or juvenile facility. MDOC Policy Directive 03.04.100 "Health Services" states that prisoners shall be provided with a continuum of medically necessary health care services that are supported by evidence based medical research. Six medical and mental health care staff that were interviewed reported that services provided are consistent with the community level of care.</p> <p>(d-e) The auditor reviewed the MDOC 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. SLF does not house female inmates. These provisions are not applicable to St. Louis Correctional Facility.</p> <p>(f) The auditor reviewed agency policy 03.04.100 and the MDOC PREA Manual, which state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate with respect to this provision of this standard. This auditor reviewed</p>	

three files from the inmates who sent to the hospital for a Forensic Examination and noted that paperwork was on file indicating that testing was offered.

(g) 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. Three inmates who reported sexual abuse report during their interview that they were not charged any fees for the services received as a result of the incident.

(h) The MDOC PREA Manual, which was reviewed by this 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. Three mental health staff reported during an interview that evaluation procedures are in place to address known inmate-on-inmate abusers for applicable treatment modalities. Interviews with the PREA Coordinator and Shift Captain indicated knowledge that this requirement must be met when an allegation occurs.

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

115.86	<b>Sexual abuse incident reviews</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1468 571">(a) The auditor reviewed the PREA Manual, which establishes the requirement that a PREA Sexual Abuse Incident Review form (CAJ-1025) be completed to document the Sexual Abuse Incident Review for allegations of sexual abuse that are substantiated or unsubstantiated. A review of six sexual abuse investigations at SLF that were determined to be substantiated or unsubstantiated, a sexual abuse incident review was completed in all six investigative files to demonstrate compliance with this provision of the standard.</p> <p data-bbox="252 616 1468 750">(b). Through this auditor's review of six relevant investigations, the auditor finds that SLF is in compliance with this provision of the standard as sexual abuse incident reviews were conducted with in the 30 day timeframe for all six abuse allegations.</p> <p data-bbox="252 795 1484 1086">(c). This auditor reviewed sexual abuse incident review's conducted at SLF and found that the facility did involve upper-level managers, investigators, and line supervisors. A mental health manager and a health services manager were part of the review team. Interviews with the Assistant Deputy Warden and facility PREA Coordinator confirm that upper level managers are part of the review team and input is considered from multiple angles, to include medical and mental health practitioners. Based on interviews and incident review documentation, this auditor finds compliance with this provision of the standard.</p> <p data-bbox="252 1131 1476 1646">(d). Agency form CAJ-1025, which was reviewed by this auditor, mirrors the standard language to confirm that the facility must consider the six factors required by this provision of the standard in order to complete the agency review form. Interviews with the Assistant Deputy Warden and facility PREA Coordinator confirm that the SLF's review team considers the six factors enumerated under this provision of the standard in its review process. Recommendation for best Practice: that the responses to the six factors be more detailed on the report to include committee discussions. While the auditor was unable to find evidence of action taken as a result of these incident reviews, the PREA Coordinator stated that any recommendation would be considered for implementation. If there were identified training or security needs raised within the review process they would be considered and implemented if necessary. Based on interviews and policy, and the review of sexual abuse investigations and incident reviews, this auditor determines compliance with this provision of the standard.</p> <p data-bbox="252 1691 1476 1937">(e). As noted under provision (d) of the standard, the facility's review committee has not made any documented recommendations for improvement. The auditor reviewed the agency PREA Manual and language exists that mirrors the standard. Recommendation for Best Practice: that all incident reviews, whether a recommendation is made or not, be sent to the PREA Manager for review. They could monitor trends throughout the State and identify potential recommendations. This would also provide the PREA Manager the ability to track compliance.</p> <p data-bbox="252 1993 1412 2072">This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.</p>



115.87	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). The PREA Manual states that the Department PREA Manager gathers data on each reported incident to aggregate an annual incident report. Through an interview with the PREA Manager, it was identified that all allegations are entered into the Department’s Investigative database so that uniform data can be obtained. The agency has a standard definition of sexual abuse and sexual harassment contained within its PREA Manual that guides data collection consistent with this provision of this standard.</p> <p>(b). As noted within the agency audit, the agency prepares an annual statistical report that is published on the agency’s public website consistent with this provision of this standard. This report aggregates information collected through the Investigatory database and provides comparative summaries to the previous year’s data. The agency has Survey of Sexual Violence (SSV) Reports posted on its website for the following years: 2013, 2014, 2015, 2016, and 2017. The MDOC website also has its Annual Report’s posted for the following years: 2015, 2016, and 2017.</p> <p>(c). As noted within the agency audit, the agency’s annual PREA statistical report for 2016 and its Surveys of Sexual Violence for 2013 through 2017 are posted on the agency’s website to demonstrate compliance with this provision of the standard. The data collected allowed for the answering of all questions required by the Department of Justice’s surveys.</p> <p>(d). As noted within the agency audit, the agency’s investigation database is utilized to collect data. Additionally, the agency PREA Manager receives a courtesy copy of all facility based sexual abuse incident reviews to collect data consistent with this provision of the standard.</p> <p>(e). As noted in the agency audit and within this audit, the agency does not contract with other entities for the confinement of its inmates; therefore, there is no aggregate data to collect, making the agency compliant with this this provision of the standard.</p> <p>(f). As noted in the agency audit, the agency prepares its annual PREA report prior to June 30th so that it may have such information available to the Department of Justice upon request in compliance with this provision of the standard.</p> <p>This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.</p>

115.88	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). The agency prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse with the goal of enhancing compliance within all facilities. The agency's 2017 report identified its efforts to implemented additional processes into the PREA Risk Assessment process and reinforced the importance of conducting and documenting timely risk assessments and related actions. Facility staff were provided refresher information regarding conduct of investigations and standards of proof for administrative investigations. An area of concern that was addressed in several facilities related to potential, in limited sections of physical plants, for cross-gender viewing of a prisoner in a state of undress. Policy and the PREA Manual were updated to reflect new processes.</p> <p>(b). The agency's 2017 Annual PREA Report compares data from 2016. The 2017 Annual Report summarizes the agency's progress with achieving PREA compliance at its facilities, citing its training efforts and audit progress as steps to enhance compliance consistent with this provision of this standard.</p> <p>(c). The Annual Audit Report is approved by the agency head. The 2017 Annual Report was approved by the Agency Head and placed on the Michigan Department of Corrections website on May 3, 2019 as is the 2015 and 2016 Annual Reports. The auditor confirmed that the Annual Reports are being published on the agency's website consistent with this provision of this standard.</p> <p>(d). The agency does not redact information from its Annual Report consistent with this provision of this standard.</p> <p>This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.</p>



115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a). The MDOC establishes procedures within its PREA Manual to direct that data must be securely retained. The agency PREA Manager reported that he alone has access to the agency's overall data pool for PREA. There are a limited number of upper-agency administrators above the PREA Manager's rank who would have access to the agency investigation database. These procedures are consistent with this provision of the standard.</p> <p>(b). The agency's PREA Annual Report for 2016 and its Surveys of Sexual Violence for 2013 through 2017 are posted on the agency's website to demonstrate compliance with this provision of the standard. The 2017 PREA Annual Report is currently in draft form awaiting signature of approval from the agency head. Once approved it will be posted on the MDOC website as the 2015 and 2016 Annual Reports are posted.</p> <p>(c). The agency's reports that are published on the agency website do not contain personally identifying information, consistent with this provision of the standard.</p> <p>(d). The agency's PREA Manual specifies that data collected pursuant to 115.87 is retained for at least 10 years. The agency maintains its Surveys of Sexual Violence and Annual PREA reports on its website. The SSV reports cover the five most recent years since the MDOC committed to PREA compliance and its most recent Annual Reports since committing to PREA compliance in 2014 consistent with this provision. The 2017 Annual Report is currently in draft form awaiting signature of approval from the agency head. Once approved it will be posted on the MDOC website as the 2015 and 2016 Annual Reports are posted.</p> <p>This auditor finds that St. Louis Correctional Facility is compliant with all provisions of this standard.</p>

115.401	<b>Frequency and scope of audits</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 701">(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. MDOC did not complete sufficient audits during the first audit cycle. The agency entered into a consortium to conduct audits within all of its facilities during the second audit cycle; beginning August 20, 2016 and ending August 19, 2019. They have been on track since August of 2016 in order to comply with this standard provision. They have had 24 of the 30 facilities audited with the remaining 6 scheduled prior to August 2019. St. Louis Correctional Facility was audited during the first audit cycle in June 2015.</p> <p data-bbox="252 757 1474 1043">(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. MDOC had two-thirds, 24 of it's 30 facilities, audited during this second audit cycle which began August 20, 2016 and ends August 19, 2019. The remaining 6 facilities have been scheduled for audits prior to the August 19, 2019 deadline for audit cycle two. This is SLF second PREA Audit as this is year three of this audit cycle. They were audited in June of 2015 during the first audit cycle.</p> <p data-bbox="252 1099 1426 1346">(h-n). SLF was very accommodating during the on-site portion of the audit. The facility provided the auditor full access to all areas of the facility to demonstrate compliance with provision (h) and (m) of the standard. The Facility PREA Coordinator accompanied the auditors throughout the tour. Informal interviews of both staff and inmates were conducted and the auditors were afforded privacy to do so. SLF provided private areas for our formal interviews of staff, inmates, volunteers, and contractors.</p> <p data-bbox="252 1402 1474 1776">The auditor was provided copies of all documents requested to demonstrate compliance with provision (i) of the standard. The Regional PREA Analyst, PREA Manager, Healthcare Unit Manager, PREA Coordinator, Human Resource Manager, Assistant Resident Unit Supervisor, Grievance Coordinator, Psychologist, Classification staff, Training Officer, Assistant Deputy Warden, and PREA Manager were all asked to provide documentation during the on-site portion of the audit. All staff were compliant and helpful in providing any materials the auditor requested. The Regional PREA Analyst, Assistant Deputy Warden, and PREA Manager provided continuous documentation and follow through on every concern presented by the auditor.</p> <p data-bbox="252 1832 1474 2119">PREA Audit notifications were posted in all housing units and in the lobby area six weeks prior to the on-site audit. This auditor received date stamped photos of the notifications posted on February 19, 2019; six weeks prior to the on-site portion of the audit. An address was provided on this notification for inmates to be able to send confidential correspondence to the auditor. Confidential correspondence from inmates was received for review by this auditor prior to the on-site portion of the audit as well as post audit to demonstrate compliance with provision (n) of the standard.</p>

This auditor finds that St. Louis Correctional Facility meets the standard 115.401.

115.403	Audit contents and findings
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(f). The Michigan Department of Corrections has published on its agency website 28 Final Audit Reports of its facilities since their commitment to PREA beginning with June 2015 to present day. This auditor did access the public website. The reports are located at <a href="http://www.mdoc.ms.gov/Divisions/Pages/PREA-Audit- Reports.aspx">http://www.mdoc.ms.gov/Divisions/Pages/PREA-Audit- Reports.aspx</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> <p>This auditor finds that St. Louis Correctional Facility meets the standard 115.403.</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.)	na

115.12 (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 OR the response to 115.12(a)-1 is "NO".)	na

115.13 (a)	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into	yes

	consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	
	Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ?	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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)	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 here for facilities with less than 50 inmates before August 20,2017.)	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?	yes



115.15 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement a policy and practice 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 require staff of the opposite gender to announce their presence when entering an inmate housing unit?	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	yes

	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?	
	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, or to enlist the services of any contractor, who may have contact with inmates?	yes

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

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

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

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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.)	na

<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.)	na

115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	<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?	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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	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 such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes

115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	<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 such education?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

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

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

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received 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?	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?	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?	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?	yes

<b>115.35 (b)</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.)	na

<b>115.35 (c)</b>	<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?	yes

<b>115.35 (d)</b>	<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?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	yes

<b>115.41 (a)</b>	<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

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



115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when 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, when 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, when 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 a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: 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?	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?	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?	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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	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

<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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

<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	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

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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?	yes

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

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

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

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes



115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	<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?	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.)	na

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>	
	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.)	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.)	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

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

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

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

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

<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.)	na

<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?	yes

<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.)	no

<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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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