

PREA Facility Audit Report: FINAL

Name of Facility: Ionia Correctional Facility

Facility Type: Prison- Male Adult

Date Interim Report Submitted: 04/21/2017

Date Final Report Submitted: 6/16/2017

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 C. Kusiak	Date of Signature: 04/21/2017

AUDITOR INFORMATION	
Auditor name:	Kusiak, Valarie
Address:	77 Waterford Street Union City, PA 1438
Email:	vkusiak@pa.gov
Telephone number:	814-756-9728
Start Date of On-Site Audit:	2017-03-08
End Date of On-Site Audit:	2017-03-09

FACILITY INFORMATION	
Facility name:	Ionia Correctional Facility
Facility physical address:	1576 W. Bluewater Highway Ionia, Michigan 48846
Facility mailing address:	1576 W. Bluewater Highway Ionia, Michigan 48846
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
Name:	Mary Mitchell	Title:	PREA Department Analyst
Email Address:	Mitchellm9@michigan.gov	Telephone Number:	517-281-5956

Warden/Superintendent			
Name:	Willie Smith	Title:	Warden
Email Address:	SmithW11@michigan.gov	Telephone Number:	616-527-6331

Facility PREA Compliance Manager			
Name:	Gary Miniard	Title:	Facility Inspector
Email Address:	MiniardG@michigan.gov	Telephone Number:	616-527-6331

Facility Health Service Administrator			
Name:	Jody LeBarre	Title:	Health Unit Manger
Email Address:	Lebarre@michigan.gov	Telephone Number:	616-527-6331

Facility Characteristics		
Designed facility capacity:	706	
Current population of facility:	679	
Age Range	Adults: 18+	Youthful Residents: 0
Facility security level/inmate custody levels:	Level II and V	
Number of staff currently employed at the facility who may have contact with inmates:	306	

AGENCY INFORMATION	
Name of agency:	Michigan Department of Corrections
Governing authority or parent agency (if	State of Michigan
Physical Address:	
Mailing Address:	
Telephone number:	(517) 373-3966

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

Agency-Wide PREA Coordinator Information			
Name:	Todd W. Butler	Title:	PREA Administrator
Email Address:	ButlerT4@michigan.gov	Telephone Number:	517-373-3966

AUDIT FINDINGS

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, and 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 Ionia Correctional Facility was conducted from March 8- March 9, 2017, pursuant to audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. I, Valarie Kusiak, was assisted during this audit by DOJ Certified Auditor Allen Joseph.

The auditor wishes to extend its appreciation to Warden Smith and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor both during the site visit and post audit. The auditor would also like to recognize PREA Administrator Todd Butler, PREA Analyst Mary Mitchell, Deputy Warden Schiebner, PREA Coordinator Gary Miniard, and Captain Dennis Cassel for their hard work and dedication to ensure the facility is compliant with all PREA standards.

Due to technical difficulties the PREA Online Auditing System (OAS) was unable to be created by their agency. Agency PREA Analyst provided relevant policy and audit documentation for review prior to the audit on a CD through the mail. A review of pre-audit documentation took place of the audit documents. Supplemental document requests were made onsite as well as during the post audit period.

An entrance meeting was held on the morning of March 8, 2017, beginning at 0800 hours. The auditors were greeted by the facility's administrative team and agency PREA Administrator Todd Butler and agency PREA analysts, Mary Mitchell. Introductions were made and logistics for the audit were planned during this introductory meeting. A tour of the facility commenced immediately thereafter.

After the entrance meeting the auditors were given a tour of all areas of the facility, including; two general population housing units which were an open dorm setting, five single-celled segregation units, administrative segregation, , Education/Programming Building, Administrative Buildings, Michigan State Industries, control rooms, visitation areas, intake, medical (including exam rooms) recreation (segregation and general population), kitchen/dining hall, the Quartermaster's area, and the storage warehouse/maintenance department. During the tour, informal interviews were conducted with multiple inmates and staff in each area toured 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. During the tour, the auditor also informally interviewed the agency PREA Analyst, facility PREA Coordinator and Deputy Warden Schiebner to determine operational procedures and to gain an overall sense of how the institution implements the PREA standards. These informal interviews were used to supplement formal interviews in determining compliance with the standards.

During the tour, the auditor observed the control center's camera monitoring station to verify that cameras were positioned in such a way as to provide adequate coverage of the housing units, yet afford privacy in bathroom/shower areas of the facility. Observation cell monitors had appropriate covering of the toileting areas within the cells to prevent viewing. On each of the housing units, a privacy notice was posted in the bathroom/shower areas, 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, this included both the general population dorms and the segregation units. On the tour, the auditor took notice to the "Knock and Announce" notices 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.

During the tour, it was observed that opposite gender staff announcements were consistently made. Following the knock and announce, opposite gender staff waited 10 seconds prior to entering the housing unit. While on a tour of Housing Units 6 and 7 (the general population dorm units), the bathroom urinals were observed to be visible from the officers desk which is not a gender specific post. Specifically, four urinals were in open view to any person walking through the area. The auditor requested that a privacy panel be installed to afford privacy to any individual wishing to use the urinals. After further discussion with Auditor Joseph, the agency PREA representatives, and the facility Administrative staff the urinals were found to meet the standard as no viewing of the buttocks, breasts, or genitalia could be viewed due to the angle and depth of the urinal placement. The segregated housing unit, 1-5, had shower upgrades completed moving from a single bay of multiple showers to individual showers where inmates were placed in every other shower. The auditor noted that the cage style divider left no privacy from one inmate to another, after discussion this also did not violate any PREA standard due to the fact the viewing was not by a staff member but rather another inmate.

On the first day of the audit, the auditor was given a copy of the institution's shift rosters in order to select staff for random interviews. A minimum of one officer from each housing area was selected, covering all three shifts, with a total sample size of eleven random staff interviews conducted. When the tour concluded by approximately 1300 hours, interviews with both random and specialized staff commenced. In addition to interviews with staff, there was an additional round of question and answering occurred with facility administration that included the Warden, PREA Coordinator and agency level staff to include the PREA Administrator and regional PREA Analysts to clarify facility procedures, observations during the audit tour and agency practices that were not apparent from policy or the tour. The first day of the onsite audit concluded at approximately 1900 hours. The second day of the onsite audit commenced at approximately 0445 hours and concluded by approximately 1730 hours. The second day consisted of staff and inmate interviews, reviews of investigations and an exit briefing.

A total of 26 staff were interviewed (including random and specialized staff) with at least one staff member interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Specialized staff, with the exception of the interviews related to educational staff who work with youthful inmates, line staff who supervise youthful inmates (youthful inmates are not housed at this facility), contract administrator (the agency does not contract for the housing of its inmates) and Non-Medical Staff involved in crossgender searches. Interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff and inmate interviews. A telephone interview was conducted with a representative of the Sparrow Hospital SAFE/SANE Program and a Volunteer.

Random interviews also followed the format laid out by the PREA Resource Center's interview templates for random staff and inmates. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist the auditor with determining compliance with the provisions of applicable standards.

A total of 18 inmates were interviewed with at least one inmate interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Inmate Interviews, with the exception of the interviews related to youthful inmates (youthful inmates are not housed at this facility). The auditor was provided a copy of the housing unit count sheets on day one of the audit. The auditor randomly selected at least one inmate from each housing, with a total sample size of ten random inmates.

Throughout the pre-audit, onsite audit, and post-audit, open and positive communication was established between the auditor and both the agency and facility staff. During this time, the auditor discussed all concerns with PREA Administrator Todd Butler and PREA Analyst Mary Mitchell, who filtered request to the appropriate staff. Through Mary Mitchell, PREA Analyst all informational requests of the auditor were accommodated prior to the completion of the Report.

When the audit was completed, the auditor conducted an exit briefing on March 9, 2017. 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.

Facility Characteristics:

The auditor's description of the audited facility should include details about the type of the facility, 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 Ionia Maximum Facility is comprised of five Level V housing units and two Level II housing units. The Level V housing units are designated Administrative Segregation, which includes Detention, Temporary Segregation and Secure Status Out-Patient Treatment cells. The Level V housing consist of five bi-level, double winged single cell units, consisting of day room area, showers, laundry room, staff offices and a fence-in activity and recreational yard for the security Level V prisoners which included multiple telephones. The Units designated Administrative Segregation affords prisoner outdoor recreation in single occupancy security exercise modules.

The Level II housing consists of a large pole-barn construction divided into two units with 140 beds in each unit. In accordance with PREA, the Level II units are divided so that one unit is designated for high potential victims while the other is designate for high potential perpetrators based on their PREA assessment scores. The units have shower, laundry, telephones, and recreation areas. The Level II prisoners have separate yard areas, with access to a weight pit, basketball courts, volleyball, baseball, horseshoes, and a running track. Jobs are available for all Level II prisoners, which includes a Michigan State Industries factory which employs Level II prisoners.

~~The Prisoner Services building contains classrooms, an auditorium, a gymnasium, a weight room, commissary, quartermaster, and barbershop. A separate building contains food service, prisoner and staff dining, health care, prisoner property, and maintenance. The administrative building contains the institutions Control Center, Record Office, Business Office, visiting areas, staff training, and a disciplinary and parole board hearing room.~~

Ionia Correctional Facility offers Academic programs to include Adult Basic Education, Special Education, General Education Development (GED) completion and Post GED programs. In-cell study programs are available to prisoners who may not participate in group in group activities. Treatment services include Secure Status Out-Patient Treatment (SSOTP), Out-Patient Mental Health Treatment, counseling, substance abuse programs, Assaultive Offenders psychotherapy and religious services. The facility also has on-site; legal and general libraries that are available to prisoners. The library had a resource center for all designated PREA materials. Prisoners are provided with excellent on-site routine medical and dental care. Serious emergency cases are treated at Ionia County Memorial Hospital and the Duane L. Waters Health Center in Jackson.

Security consists of two 12 foot wire fences (which incorporate a Stun Fence), razor ribbon, gun towers, security surveillance cameras and a personal alarm system for staff throughout the facility. Enclosed officer's stations separate each wing within the Level V housing units. A patrol vehicle with armed personnel constantly patrols the prison perimeter.

The facility is designed to operate a maximum capacity of 706 inmates. On day one of the audit, there were 679 inmates present. The auditor observed that the inmate population consisted predominately of Caucasian and African-American inmates. Other ethnic groups were not widely observed throughout the tour. From the auditor's observations, the majority of the inmate population appeared to trend towards an age range of 25 or greater.

There are a total of 306 staff at the facility who may have contact with inmates, providing adequate supervision within the housing units. The command structure within the security ranks includes corrections officers, Sergeants, Lieutenants, Captains, Inspectors, Deputy Warden's and Warden. The layout of the housing units permits the officer to have view of the unit from their designated work station, with supplemental rounds taking place throughout the unit with random roving movement.

Michigan State Industries operates within the facility. The IMAX factory produces a variety of "Cut-n-Sew" garments. T-shirts, tactical uniform clothing, prisoner clothing, kitchen whites, flags, and a variety of special partnerships with private manufactures in the production of non-disposable diapers and robotic arm covers. This building is an open manufacturing and warehouse environment, consisting of one main floor and consists of multiple sewing work stations and lines of shelving that are organized in a manner to create lines of sight. In regards to PREA, the facility has a camera plan in place to add additional cameras throughout the building.

During the audit tour and through informal interviews with staff and inmates, the auditor was left with the general sense that staff and inmates felt safe at the facility.

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.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0
Number of Standards Not Applicable: (The total number of standards that were audited at the agency level)	4

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 0

Number of standards met: 45 (including 4 audited at the agency level)

Number of standards not met: 0

Standards

Auditor Overall Determination Definitions

Exceeds Standard

(Substantially exceeds requirement of standard)

-

Meets Standard

(substantial compliance; complies in all material ways with the stand for the relevant review period)

-

Does Not Meet Standard

(requires corrective actions)

-

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="248 168 887 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 246 518 280">Auditor Discussion</p> <p data-bbox="248 324 1468 526">Agency policy 03.03.140 and the PREA Manual outline the agency approach to implementing the zero tolerance policy. Local operating procedures OP 3.3.140 outlines the facility's approach to implementing agency policy covered by the agency policy and the agency PREA Manual. The auditor reviewed these documents in their entirety to determine compliance with provision (a).</p> <p data-bbox="248 582 1468 1209">The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards that were previously covered by a network policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. The agency PREA Manual supersedes all policies that were issued prior to its issue in September 2015. The agency PREA Manual addresses relevant topics such as definitions, prevention, planning, training, placement screening, medical and mental health screenings, cross-gender viewing, searches of prisoners, protective custody, protection from retaliation, disabled and limited English proficiency inmates, human resource decision making processes, staffing plans, management rounds, facility and technological upgrades, contracting for the confinement of inmates, collective bargaining, reporting sexual abuse and sexual harassment, prisoner grievances, response procedures to reports of sexual abuse and harassment, medical and mental health services following an allegation of sexual abuse, victim advocates, confidential support services, sexual abuse and sexual harassment investigations, disciplinary sanctions and corrective action, sexual abuse incident reviews, data collection, data review and data storage, auditing and compliance.</p> <p data-bbox="248 1265 1468 1601">Provision (b) was audited at the agency level; however, it will be addressed in part in this report. According to the PREA Manual, the position of PREA Administrator fulfills the role of an Agency PREA Coordinator. This position is four layers removed from the agency Director with sufficient authority to implement agency efforts to comply with the PREA standards. During an interview with the PREA Administrator, it was explained that the title of PREA Administrator is used to accommodate existing Michigan Civil Service title rules. Through an interview with the PREA Administrator, he has sufficient time and authority to implement PREA standards throughout the agency.</p> <p data-bbox="248 1657 1468 2027">According to the PREA Manual, the position of PREA Coordinator at the facility oversees the duties of a facility PREA Compliance Manager. This auditor was informed prior to the onsite audit that these titles were modified to accommodate existing Civil Service title rules within the state of Michigan. The PREA Coordinator for the Ionia Correctional Facility is the current Inspector. The position of Inspector within the MDOC has oversight of each facility's security and is an upper-level management position with authority over facility shift commanders. The facility PREA Coordinator is charged with ensuring the security of the Ionia Correctional Facility. Through an interview with the PREA Coordinator, the position provides adequate time and authority to coordinate the facility's efforts to comply with PREA standards.</p> <p data-bbox="248 2083 1468 2116">Based on a review of the PREA Manual and interviews with the PREA Administrator and facility</p>

PREA Coordinator, the auditor determined compliance with provision (c).

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Through a review of the PAQ, the PREA Manual and interviews with the PREA Administrator and PREA Coordinator, this auditor determined that neither the agency nor the Ionia Correctional Facility contract with any outside entities for the confinement of its inmate population. The absence of any contracts for the confinement of its inmates, policy provisions within the PREA Manual the auditor has determined compliance with provisions (a) and (b).
115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

ICF developed a staffing plan which provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The staffing plan is predicated upon confinement of 706 inmates (which is the maximum number of available beds at ICF), noting that the average daily number of inmates at ICF over the past 12 months has been 680. The PREA Manual specifies the eleven factors enumerated within provision (a) of the standard are taken into account for MDOC prisons;

- (1) generally accepted detention and correctional practices;
- (2) any judicial findings of inadequacy;
- (3) any findings of inadequacy from Federal investigative agencies;
- (4) any findings of inadequacy from internal or external oversight bodies;
- (5) all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- (6) the composition of the inmate population;
- (7) the number and placement of supervisory staff;
- (8) facility programs occurring on a particular shift;
- (9) any applicable State or local laws, regulations, or standards;
- (10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) any other relevant factors.

The staffing plan is documented and reviewed annually for compliance. Sample documentation of Staffing Plan reviews over the past two years were examined, as well as interviews held with PREA Coordinator and the institution Superintendent show that adherence with the staffing plan is achieved through the hiring of overtime to cover the vacant posts.

According to interviews with the Warden, the PREA Administrator and PREA Coordinator, neither the agency nor its facilities deviate from its staffing plan. All posts are filled either through voluntary overtime or mandated overtime. The facility provided a memo to verify that overtime is used to fill any vacancies. The auditor requested and was provided with an overtime report listing the justification for the hiring of three overtime officers to fill vacancies on the date of the audit. Interviews with the Warden confirmed that overtime is used to fill each post designated on the facility staffing plan to demonstrate compliance with provision (b).

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

Tour of the Quartermaster area revealed that no monitoring equipment is present in the building. However, ICF has a plan of action for the installation of video monitoring equipment which would remedy the potential risk of inmate sexual victimization. This Plan of Action was in place prior to the onsite audit. This auditor was provided the camera locations during the tour of the area.

Tour of the Correctional Industry revealed limited line of sight for staff monitoring and limited video monitoring equipment to augment supervision efforts. However, ICF has a plan of action for the installation of video monitoring equipment which would remedy the potential risk of inmate sexual victimization. This Plan of Action was in place prior to the onsite audit. This auditor was provided the camera locations during the tour of the area.

This auditor was provided a copy of the Annual Staffing Plan Review the facility's commitment to install new cameras in the quartermaster and Correctional Industry buildings due to the large number of inmates present in CI and the limited camera coverage in the quartermaster area.

The verification provided satisfies the provisions of the standard 115.13(a) to ensure substantial compliance.

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

PD 04.04.100 Custody, Security and Safety Systems and the PREA Manual establish policy for unannounced supervisory rounds. Facility Supervisory staff document unannounced rounds utilizing electronic guard tor buttons in all areas. During the on-site portion of the audit, this auditor observed log the use of the electronic system on the housing units as well as all areas of the institution to demonstrate compliance with provision (d) of the standard with sufficient rounds in each unit to cover each shift. This auditor was also provided monthly reports of the electronic rounds and notes this system as a best practice in monitoring compliance with rounds in all areas of the facility.

Through interviews with the PREA Coordinator and review of electronic tour reports, facility Lieutenants complete rounds on a daily basis on all shifts. Shift Commanders and the Deputy Warden completes weekly rounds within the housing units, with those rounds covering all three shifts on a monthly basis. A facility Lieutenant was interviewed and reported that, in conjunction with the other Lt. on duty, each housing unit is covered by a daily supervisory round. Radio traffic is not permitted to ensure rounds are not announced. Rounds are documented utilizing the electronic guard tour buttons. During the facility tour, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of Lieutenants on the housing units. A review of agency policy, interviews with the facility administration, informal interviews with line staff and a review of the electronic tour reports allowed this auditor to find compliance with provision (d).

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 05.01.140, Prisoner Placement and Transfer, outlines that agency's approach to housing youthful inmates and were reviewed in determining compliance. Agency policy dictates that male youthful inmates are housed at the Thumb Correctional Facility (TCF). If a youthful inmate must be placed at another facility for the purposes of medical or mental health care, the placement must be approved by an agency Deputy Director and accommodations for sight, sound and physical contact separation must be made.</p> <p>During the audit tour and through interviews with the Deputy Warden, PREA Analyst and PREA Coordinator, it was observed that the ICF does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>4.1.140 SEARCH AND ARREST IN CORRECTIONAL FACILITIES and the PREA Manual establish procedures to limit cross gender viewing and were reviewed in determining compliance with provision (a) of the standard. On the PAQ, the facility stated no cross gender strip searches or visual body cavity searches were conducted during this audit period.</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 readily available. In such instances the agency PREA Administrator confirms that privacy screens are to be 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 provision (a) of the standard.</p> <p>Policy 4.1.110 allows female staff members to search female, male, transgender, or intersex inmates. Male staff members may search male, transgender, or intersex inmates housed in a male facility. Absent exigent circumstances, male staff members shall not search female, transgender, or intersex inmates housed in a female facility. ICF does not house female inmates however the line staff were well aware of the policy. Interviews with 10 random staff and a transgender inmate indicated that there has not been an instance of exigent circumstances in which staff of the opposite gender would be necessitated to conduct strip searches of inmates at ICF. No opposite gender strip searches have been conducted at ICF demonstrating compliance with provision (b) of the standard.</p>

The facility PREA Coordinator confirmed there were no reported cross gender strip, visual body cavity or pat-searches conducted by the facility. Random staff interviews confirmed that line staff are well aware of the prohibition against cross-gender strip searches and cross-gender pat-searches of female inmates, allowing this auditor to determine compliance with provision (c) of the standard.

03.03.140 PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS, the PREA Manual, Privacy Notice Signs, Knock and Announce signs were reviewed in determining compliance with provision (d) of the standard.

During the audit tour informal interviews with line staff and administrative staff confirmed that females must knock and announce for entry into the unit and the officer post in the unit is gender specific to female officers.

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

While touring and during the interviews a few inmates stated that female staff do not consistently announce their presence when entering the housing unit; however, the vast majority of inmates reported consistent practice of female staff announcing themselves when entering the housing unit. The practice of opposite gender announcements was routinely observed during the audit tour and robust signage was observed throughout the facility to advise inmates of their privacy expectations. Informal interviews with line staff during the audit tour 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 provision (d) of the standard.

The PREA Manual and **04.06.184 GENDER IDENTITY DISORDER (GID)/GENDER DYSPHORIA** establish policy prohibitions against searching transgender inmates for the sole purpose of determining genital status and were reviewed when determining compliance with provision (e) of the standard. Random and informal interviews during the audit tour lead this auditor to the conclusion that staff are aware of the prohibition against searching transgender inmates for the sole purpose of determining genital status. A transgender inmate housed at the facility was interviewed and denied being examined or strip searched for the sole purpose of determining genital status to find compliance with provision (e) of the standard.

Custody and Security in Corrections Part 2, Personal Searches: The Application of Search

Procedures for GID and TRANSGENDER Prisoners is the training curriculum for the MDOC reviewed in determining compliance with provision (f). Staff were able to demonstrate proper cross gender search techniques during random interviews and all staff were able to demonstrate the "butterfly technique" for searching the breast area of a transgender inmate. The facility reported that 100% of security staff have been provided training to conduct professional cross-gender and transgender pat searches. The facility provided adequate documentation, in the form of pre-audit samples and records of staff training over various time periods since 2014 relative to transgender/intersex searches. A review of the training materials, random interviews with staff and a review of training records demonstrates compliance with provision (f) of the standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	<p data-bbox="248 168 887 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 246 518 280">Auditor Discussion</p> <p data-bbox="248 324 1481 481">The agency PREA Manual requires that the Department provide prisoner education in formats understandable by the entire prisoner population. The PREA Manual, along with training materials, were reviewed by this auditor in determining compliance with provision (a) of the standard.</p> <p data-bbox="248 537 1473 660">This auditor observed, through a review of agency educational materials, that the agency makes significant efforts to reach limited English proficient inmates and those who may be deaf by close captioning PREA inmate training videos in English and Spanish.</p> <p data-bbox="248 705 1460 873">A braille version of the PREA pamphlet was created for blind inmates and a sign language interpreting service is available. Documentation of staff training on PREA compliant practices for LEP and Disabled inmates is located on slide 59 of 102 in 2016 PREA Web Based Training.</p> <p data-bbox="248 918 1460 1041">An interview with the agency head's designee confirmed that the agency takes significant steps to ensure that materials are provided in various formats to include closed captioning of the PREA inmate video Spanish.</p> <p data-bbox="248 1086 1460 1344">Posters displaying PREA reporting information were observed to be posted in each housing unit in Spanish. The facility provides its prisoner guidebook in both English and Spanish. The agency publishes a Spanish version of its PREA brochure. Privacy signs are translated in Spanish and were observed during the audit tour. The facility has an interpretive services contract in place with RTT Mobile Interpretation that this auditor reviewed in determining compliance with provisions (a) and (b) of the standard.</p> <p data-bbox="248 1388 1468 1814">Agency policy 03.03.140 and PREA Manual prohibit the use of inmate interpreters and were reviewed in determining compliance with provision (c). During random interviews with custody staff and informal interviews with line staff during the audit tour, staff appeared to understand 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. Ten randomly interviewed staff were able to effectively articulate that inmate interpreters could only be used under those circumstances where a delay could negatively impact the ability to respond to a report of sexual abuse or sexual harassment to aid in determination of compliance with provision (c). There were no inmates housed at ICF who were identified as Limited English Proficient (LEP) at the time of the audit.</p>

115.17	Hiring and promotion decisions
	<p data-bbox="248 168 887 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 246 518 280">Auditor Discussion</p> <p data-bbox="248 324 1476 481">02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with provision (a). The employment screening policy and PREA Manual clearly prohibit hiring and promoting staff who have engaged in any of the elements denoted within provision (a) of the standard.</p> <p data-bbox="248 537 1476 828">Corrections Officer job postings, application questions and a promotional application for Sergeant 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 screenings are conducted by the agency central office. The facility is, however, responsible for directly hiring non-contact personnel. The facility conducts checks on those staff directly hired and those staff transferring into the facility.</p> <p data-bbox="248 884 1420 996">A review of facility hiring records, agency application materials, interviews with the agency PREA Administrator and Human Resource staff confirm that the ICF is in compliance with provision (a) of the standard.</p> <p data-bbox="248 1052 1452 1299">Policy 02.06.111 and applications for employment were reviewed in determining compliance with provision (b). Adequate screening for incidents of sexual harassment are present within the materials. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. The HR staff explained in an interview that any candidate with a history of engaging in sexual harassment would not be hired or promoted.</p> <p data-bbox="248 1355 1484 1556">A review of policy and the interview with Human Resource staff 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. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process to find compliance with provision (b).</p> <p data-bbox="248 1612 1476 1814">02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with provision (c). A review of policy and the interview with Human Resource staff 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.</p>

Agency policy 02.06.111 and the PREA Manual were reviewed in determining compliance with provision (d). The facility provided adequate sample documentation of background checks for contractors as proof of this provision of the standard. An interview with HR staff revealed that background checks for contractors are conducted at regional offices for any of the specialty functions they serve (i.e. medical). The facility provided a secondary dissemination log of LEIN check information for contractors and volunteers, along with a sample check of an individual on this list in support of finding compliance for provision (d).

According to policy 02.06.111 EMPLOYMENT SCREENING, the PREA Manual and staff interviews, LEIN checks are completed by the records supervisor in the designated years for agency employees to meet the 5-year background check requirement. The facility maintains a formal log of this screening activity for agency staff demonstrating compliance with provision (e)

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 provision (g) of the standard. The facility indicates that there have been no instances where such material omissions have been noted.

02.01.140 HUMAN RESOURCE FILES, 02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for provision (h) of the standard and were reviewed by this auditor. The facility provided two examples of the agency responding to requests from outside agency requests for such information on former employees that were reviewed by the auditor to establish compliance with provision (h). These requests were processed at the agency central office level.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Manual, which was reviewed in determining compliance with provision (a), states that when acquiring a new facility and when modifying or expanding existing facilities, to include the expansion of video or other monitoring technology, the agency and facility must consider the ability to protect inmates from sexual abuse within the plans. There were no facility modifications or expansions made to alter the existing facility. During the tour, there were no areas that appeared to have been expanded or modified to substantiate compliance with provision (a) of the standard.</p> <p>The electronic round readers/ electronic guard tours were instituted to ensure adequate management tours of the facility that will be used in part, to prevent sexual abuse and sexual harassment. During the tour, the CCTV room has been enhanced with larger multi-screen monitors, there is a comprehensive Plan of Action to install additional cameras in the CI and Quartermaster areas. It was evident to this auditor that thorough consideration was given to the placement of the monitoring equipment to include the involvement of the PREA Coordinator when determining camera placements demonstrating the facility dedication to compliance with provision (b) of the standard.</p>

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="248 168 887 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 246 518 280">Auditor Discussion</p> <p data-bbox="248 324 1449 488">According to the agency's Crime Scene Management and Preservation training manual, the PAQ that this auditor reviewed and an interview with the agency PREA Administrator, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command.</p> <p data-bbox="248 539 1465 869">During interviews with facility medical staff and investigators, the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. Inmates are transported to SAFE/SANE examiners in the any clothing worn during an alleged incident of sexual abuse. The agency's protocol, which is outlined in the PREA Manual and Crime Scene Management and Preservation training manual, demonstrates that agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene. These procedures allow for the criminal investigative agency, Michigan State Police (MSP), to maximize the collection of available evidence within the crime scene.</p> <p data-bbox="248 922 1484 1171">During random staff interviews and informal interviews during the audit tour, it was apparent to this auditor that security staff are aware of their responsibility to secure any potential crime scene and their duty to ensure those involved do not take actions that could destroy evidence. Basic Investigator Training and Crime Scene Management and Preservation training materials cover the necessary technical detail to aid first responders in preserving available evidence to demonstrate compliance with provision (a) of the standard.</p> <p data-bbox="248 1225 1487 1727">Uniform evidence protocol is covered in Crime Scene Preservation and Basic Investigator's Training. Both training manuals were reviewed by this auditor in determining compliance with provision (b) of the standard. Training materials cover the necessary technical detail to aid first responders in preserving available evidence. Youthful inmates are not housed at this facility; however, staff are adequately prepared to address the needs of this population through training materials and the PREA Manual's guidance. Random staff interviews confirm that potential first responder security staff are aware of their responsibilities to protect any applicable crime scene and ensure that those involved take no action to destroy physical evidence. According to the agency's Crime Scene Management and Preservation training manual, the PAQ that this auditor reviewed and an interview with the agency PREA Administrator, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command, which demonstrates compliance with provision (b) of the standard.</p> <p data-bbox="248 1780 1477 2069">Policy 03.04.100 and the PREA Manual, reviewed by this auditor in determining compliance with provision (c) of the standard, specify that forensic examinations are provided without cost to victims of sexual abuse. The facility reports no forensic examinations during the audit review period. Through an interview of a staff member at the Sparrow Hospital SAFE/SANE program; it was confirmed that the ICF is serviced by the organization as its outside medical provider. An interview with the SAFE/SANE staff member at Sparrow Hospital SAFE/SANE program confirms that procedures are in place for when this service is necessary.</p>

Through a review of agency policy and interview with a SAFE/SANE staff person at the Sparrow Hospital SAFE/SANE program, this auditor determined that the facility is in compliance with provision (c) of the standard.

Documented attempts to reach an agreement with the Victim Advocate Program were provided and reviewed by the auditor in determining compliance with provision (d). The facility has not been able to secure victim advocacy services from an outside agency; however, has documented its attempts to do so. The facility uses a licensed psychologist to provide this service as a qualified staff member. The facility also provides access to "An End to Silence" for state organizational contact information within the facility library.

The facility PREA Coordinator confirms in an interview that efforts have been made to secure rape crisis services and that three qualified facility staff member have been identified to provide advocacy services in the absence of a formal rape crisis service agreement. During an interview with the inmate at the facility who reported sexual abuse, he claims that he was not provided information about outside support services; however, he was seen by a staff psychologist. This would be consistent with the fact that the facility has yet to establish a formal agreement with an outside provider. It is noted that the interviewed inmate did not report abuse that required a forensic examination. Interviews with the PREA Coordinator, PREA Administrator and a review of facility correspondence with multiple outside advocacy agencies demonstrates that the facility is in compliance with provision (d).

The PREA Manual and Memo with Michigan State Police (MSP), which were reviewed by the auditor, confirm that both the agency, the criminal investigative unit and the facility will permit a victim advocate to accompany a victim through the forensic medical examination and investigatory interviews. The facility has identified a licensed psychologist to serve as the qualified staff member to provide advocacy services during any forensic medical examination and investigatory interview in the current absence of a rape crisis advocacy agreement. The MSP memorandum confirms that the investigative agency has agreed to allow this individual access during forensic medical examinations and interviews consistent with standard 115.21. The facility has appropriate measures in place to provide advocacy services during a forensic examination and investigatory interviews to demonstrate compliance with provision (e) of the standard.

The memorandum between the MDOC and MSP that this auditor reviewed, confirm that MSP will abide by the provisions set forth under §115.21 (a)-(e) in order to demonstrate compliance with provision (f) of the standard.

Provision (g) of the standard is not required to be audited by the auditor.

The facility attempts to make a rape crisis advocate available; however, has yet to enter into a formal agreement. In the event such services are necessary, the facility uses a qualified licensed psychologist from the facility who has received training in trauma informed care and is generally educated in the forensic examination procedures. An interview with this individual demonstrates an awareness of the specialized knowledge required to provide support to a victim of sexual abuse consistent with provision (h) of the standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed agency policies 03.03.140, 01.01.140 and the PREA Manual when assessing compliance with provision (a) of the standard. While section G of 01.01.140 requires that the allegations must contain facts, rather than mere assertions or rumor to be entered into the internal affairs division investigation database the PREA Manual (which supersedes all prior policies) confirms that all allegations are entered into the database for investigation. An interview with the agency head confirms that allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and interviews with the agency head's designee and agency PREA Administrator confirm that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities. During the audit, investigations were reviewed with multiple methods of reporting evident in the predication of these investigations. The MSP are responsible for conducting criminal investigations should criminal behavior be observed during the facility's administrative response. Agency policies, interviews and a review of facility investigations demonstrates that the facility is in compliance with provision (a) of the standard.</p> <p>Michigan State Police investigate criminal allegations involving staff as specified under the reviewed policy, 01.01.140. The investigation is monitored and coordinated by the Internal Affairs Division. Policy 03.03.140, which was reviewed by this auditor addresses referrals of prisoner on prisoner sexual abuse to MSP. Both policies are published on the agency's website. The PREA Manual, which supersedes all prior policies is not published on the agency's website; however, is not necessary to meet provision (b) of the standard. The facility stated that no allegations have been referred to MSP for criminal investigation and a review of facility investigations did not find evidence of criminal activity to warrant such referrals; allowing this auditor to determine compliance with provision (b) of this standard.</p> <p>This auditor reviewed and verified that policies 01.01.014 and 03.03.140 are available on the agency website. The policies outline the specific responsibilities of the agency and the MSP when conducting criminal investigations to demonstrate compliance with provision (c) of the standard.</p> <p>The auditor is not required to audit provisions (d) and (e) of the standard to determine facility compliance.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The agency's PREA Manual, PREA training curriculum "PREA: Sexual Abuse and Sexual Harassment in Confinement", computer based training modules for PREA and training reports were reviewed in determining compliance with provision (a) of the standard. A review of these materials provides a thorough explanation of all 10 points required by the standards.

- (1) the zero tolerance policy against sexual abuse and sexual harassment within the Department;
- (2) how staff are to fulfill their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures as defined in this policy;
- (3) inmates' right to be free from sexual abuse and sexual harassment;
- (4) the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) the dynamics of sexual abuse and sexual harassment in confinement;
- (6) the common reactions of sexual abuse and sexual harassment victims;
- (7) how to detect and respond to signs of threatened and actual sexual abuse;
- (8) how to avoid inappropriate relationships with inmates;
- (9) how to communicate effectively and professionally with inmates, including LGBTI or gender nonconforming inmates; and
- (10) how to comply with relevant laws of Pennsylvania related to mandatory reporting of sexual abuse to outside authorities.

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. Facility training record samples demonstrate that the facility staff have completed the existing training modules. Informal interviews with staff during the audit tour confirm that individuals are well informed of all ten factors required by the employee training standard. All staff who were randomly interviewed were able to clearly describe elements from the training to demonstrate knowledge of the factors required by the standards in compliance with provision (a).

The ICF houses only male inmates' provision (b) is not applicable.

The ICF 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 and the agency training plans demonstrate compliance with provision (c) of the standard.

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

115.32	<p>Volunteer and contractor training</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. The agency's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. In addition to the auditor's review of the training materials, the auditor reviewed a sampling of training records to determine compliance with provision (a) of the standard.</p> <p>Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. Just as employees, contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge they could be a first responder. A formal interview with a facility contractor demonstrated knowledge of facility reporting and first responder procedures. Informal interviews during the audit tour with contractors demonstrated that they were aware of their responsibilities to both report incidences of sexual abuse and sexual harassment, as well as how to act as a first responder to preserve potential evidence. The review of policy, training materials, training records and both formal and informal interviews demonstrate compliance with provision (b) of the standard.</p> <p>The agency PREA Manual requires that the Department maintain documentation confirming that volunteers and contractors receive and understand the agency's PREA training. In addition to pre-audit samples, the facility provided training rosters, at this auditor's request post-audit, to confirm training of randomly selected volunteers from the background check logs to demonstrate compliance with provision (c) of the standard.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditors, address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. Through interviews with facility intake staff the PREA Coordinator and random inmates, this education is reportedly completed through a video based presentation that is accompanied by a brochure that specifically covers the zero-tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. A review of these materials by the auditor, satisfies compliance with this element of provision (a).</p> <p>Through interviews with the PREA Administrator, it was reported that the agency provides comprehensive inmate education upon reception to ICF. A sampling of inmate training records were compared against inmate move reports to confirm that training is ordinarily completed for inmates within five days of reception to the facility, with the exception of holidays, to demonstrate compliance with provision (a) of the standard.</p> <p>Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. This education is completed through a video based presentation that is accompanied by a brochure that specifically covers the zero-tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. Additionally, information is available in the Prisoner Guidebook.</p> <p>All random inmate interviews confirm that education materials and the PREA video, Taking Action, are shown during the first week after reception. These inmates also report that information is continuously displayed throughout the housing units on posters and is available in handbooks. Inmate training receipts provided by the facility and reviewed by the auditor demonstrates sufficient compliance with this standard. Transfer reports for incoming inmates that were matched against training receipts for randomly selected inmates confirms that</p>

inmates are given the comprehensive education during the first few days at the facility to demonstrate compliance with provision (b) of the standard.

An interview with the individual responsible for facility orientation confirms that all inmates go through an orientation process that includes PREA education within four to five days of reception. A sampling of inmate training records corroborates that ICF has provided training consistent with provision (c) of the standard.

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. The ICF is contracted with RTT Mobile Interpretation. The auditor reviewed these training materials and interpretation contract to determine compliance with provision (d) of the standard.

The agency and facility maintain documentation of inmate education. Sample records were provided and were matched against reception records to confirm that the facility's claim that education is provided during reception consistent with provision (e) of the standard.

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 a tour of the ICF, these posters were visible throughout the housing units and common areas of the facility. Inmates receive a 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 tour. The facility library holds a copy of the PREA Resource Center's "An End to Silence" handbook. All randomly interviewed inmates reported receiving written materials for their retention to allow this auditor to determine compliance with provision (f) of the standard.

115.34	Specialized training: Investigations
	<p data-bbox="248 170 887 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 520 282">Auditor Discussion</p> <p data-bbox="248 327 1477 831"> The agency has a Basic Investigator Training manual that was reviewed by the auditor. This manual provides additional, specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. 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 22 staff at the ICF completed the agency's training. In addition to the agency's Basic Investigator Training, training records confirm that 26 ICF staff have participated in the NIC specialized investigator's training in satisfaction of provision (a) of the standard. </p> <p data-bbox="248 887 1477 1223"> 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 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. The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution. A review of training materials and training records for facility investigators demonstrates compliance with provision (a) of the standard. </p> <p data-bbox="248 1279 1477 1491"> The agency maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by the auditor to verify that 22 reported employees have completed the Basic Investigator Training. Training records were provided to confirm that 26 staff also completed the NIC specialized investigator training in satisfaction of provision (c) of the standard. </p> <p data-bbox="248 1547 1166 1581"> The auditor is not responsible for auditing provision (d) of the standard. </p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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 curricula specific to medical and mental health staff that were reviewed by the 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 specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and harassment and facility reporting responsibilities for allegations of sexual abuse and harassment.</p> <p>The facility provided documentation of medical and mental health practitioners having completed the training modules related to their specific disciplines that were reviewed by the auditor. Through formal and informal interviews during the audit tour, both medical and mental health staff confirmed that they have received computer based training that covers the standard requirements in satisfaction of provision (a).</p> <p>Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with provision (b) of the standard are not required.</p> <p>The facility provided documentation of medical and mental health practitioners' completion of the specialized training modules that was reviewed by the auditor. These training records are kept in the computerized training records for employees and demonstrate compliance with provision (c) of the standard.</p> <p>The agency has developed a training curricula specific to medical and mental health staff that includes and expands upon the basic training module 2 to cover the key points required by the standards. Employees must complete the traditional module 1 and 2 training required of all employees as part of accessing this expanded training specific to each discipline. The auditor's review of these training materials and corresponding completion records demonstrates compliance with provision (d) of the standard.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, state that an intake screening shall be conducted at reception centers during intake. However, the PREA Manual and the PREA Risk Assessment Manual provide an exception to the completion of a 72-hour intake assessment at placement facilities provided said 72-hour assessment was previously completed. A memo dated 1/10/2017 directs staff to complete the Risk Assessments within 72 hours upon reception to the facility as well as within 30 days after arrival, as required by the standard. The memo also implements a PREA Risk Assessment Tracker to ensure compliance with provision (a).</p> <p>Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual state that an intake screening shall be conducted at reception centers during intake. However, the PREA Manual and the PREA Risk Assessment Manual provide an exception to the completion of a 72-hour intake assessment at placement facilities provided said 72-hour assessment was previously completed at another facility. A memo dated 1/10/2017 directs staff to complete the Risk Assessments within 72 hours upon reception to the facility as well as within 30 days after arrival, as required by the standard. The memo also implements a PREA Risk Assessment Tracker. An interview with the staff member responsible for conducting risk screening confirms that initial assessments are occurring upon reception as well as within 30 days. The staff member provided this auditor copy of the PREA Risk Assessment Tracker. The auditor selected three random inmates recent transferred to ICF to interview confirming that they had been adequately assessed to meet the requirements of provision (b) of the standard.</p>

The PREA Risk Assessment Worksheet that was reviewed by the auditor meets objective criteria as required by provision (c) of the standard. The assessment is an objective set of instruments that measures both an inmate's risk of victimization and risk for predatory behavior. The tool generates a numerical score based on weighted factors to determine an inmate's classification as either an Aggressor, Potential Aggressor, No Score, Potential Victim or Victim.

The intake screening instrument meets the 10 criteria set forth in provision (d) of the standard. While the tool does not affirmatively address criteria 10, neither the agency nor the ICF house inmates solely for civil immigration purposes. An affirmative assessment of a risk factor that does not exist within the 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 provision (d) of the standard.

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

The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for assessment completion. A memo dated 1/10/2017 directs staff to complete the Risk Assessments within 72 hours upon reception to the facility as well as within 30 days after arrival, as required by the standard. The memo also implements a PREA Risk Assessment Tracker. An interview with the staff member responsible for conducting risk screening confirms that initial assessments are occurring upon reception as well as within 30 days. The staff member provided this auditor copy of the PREA Risk Assessment Tracker. The auditor selected three random inmates recent transferred to ICF to interview confirming that they had been adequately assessed to meet the requirements of provision (f) of the standard.

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. During an interview with an inmate that reported sexual abuse the inmate confirmed that he was given the Risk Assessment to demonstrate compliance with provision (g) of the standard.

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 conduct assessments confirm during interviews that the assessment is voluntary and that there are no disciplinary consequences for failing to participate, consistent with provision (h) of the standard.

The PREA Manual, 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 Administrator 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 (i) of the standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed the PREA Manual and policy 05.01.140 and found that the agency policies are compliant and mirror the language set forth in provision (a) of the standard. The agency uses 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. ICF has seven housing units; five of which are all single-celled. The remaining two units, 6-7, are minimum security dormitory units. The units are separated in accordance with the Risk Assessment scores. Inmates with a high propensity to be abusers are housed in one and inmates with a high propensity to be victims are in the other.</p> <p>The PREA Coordinator at the facility stated that the risk screening tool is used to identify factors required by the standards to prevent housing high risk abusers with high risk victims. An interview with a staff person responsible for orientation at the facility was also responsible for employment assignments within the facility. This individual reported that the results from the risk assessment process are used to inform housing decisions and employment assignments compliant with (b) of the standard. The only employment situation identified where the results of this tool are difficult to maintain are the assignments within the Michigan State Industries (CI) building where potential victims and abusers could work together. The auditor is satisfied with the high level of supervision in the CI building to ensure that any risk identified by the screening tool is outweighed by the direct observation and planned enhancements to monitoring technology. Programming and education also utilize the Risk Assessment scores when forming each class.</p> <p>05.01.140 Prisoner Placement and Transfer and the PREA Manual, which were reviewed by the auditor, establish agency policy regarding individualized safety determinations. Policy and both a formal and informal interview with a transgender inmate demonstrates that the facility makes individualized determinations to ensure the safety of each inmate, consistent with provision (b) of the standard. Due to the type of facility ICF is, maximum security, the current housing status of the transgender inmate interviewed was single-celled.</p> <p>Through informal interviews during the audit tour, staff charged with risk screening and making housing decisions were well aware of the proper use of screening information for bed assignments and make individualized determinations for the safety of the inmate.</p>

The PREA Manual and policy 04.06.184 (Gender Identity Disorder), reviewed by this auditor, contains language and provisions to satisfy the standard requirements that the agency make case by case determinations for transgender and intersex housing and programming assignments consistent with provision (c). The PREA Coordinator at the facility states that transgender inmates are reviewed twice per year with ongoing assessments of her individualized needs consistent with provision (c).

This auditor is satisfied, through formal and informal interviews with the transgender inmate and medical/ psychological follow-up documentation provided, that regular contact is maintained with the transgender inmates, with constant ongoing assessment of her individualized needs consistent with provision (d).

The PREA Manual, reviewed by the auditor, provides for a transgender or intersex inmates own views to be considered in the placement process. The transgender inmate that was interviewed reported her preference was to remain at a male facility and single-celled. She does enjoy interacting during recreational yard. She indicated that she had been asked about her housing preference but once moved to a maximum security facility being single-celled was the only option and was satisfied with that.

Based upon the formal and informal interviews with the transgender inmate, it appears that the transgender inmate's views were considered when making determinations for housing and other programming determinations consistent with provision (e) of the standard.

Policy 04.06.184 and the PREA Manual, reviewed by the auditor, specify that transgender inmates are given the opportunity to shower separately. During the interview with the transgender inmate housed at the facility she reported that she was able to shower during count time when all other inmates are locked in their cells to demonstrate compliance with provision (f).

Policy 05.01.140 and the PREA Manual, reviewed by the auditor, address provision (g) of the standard; however, due to being a maximum security facility the transgender inmate is single-celled due to custody level not for any other reason. The facility takes no steps to house LGBT inmates in dedicated units or facilities. The facility and the agency practice demonstrate compliance with provision (g) of the standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency PREA Manual and policy 04.05.120 were reviewed by the auditor in determining compliance with provision (a) of the standard. The PREA Manual contains language that mirrors provision (a) of the standard. The auditor observed onsite and through pre-audit documentation that the facility has a computerized assessment and bed management system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evidenced during the tour and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered. As previously stated, the Risk Assessment scores determine the actual housing unit for all minimum security inmates for housing units 6-7. The remaining five units are all single celled custody level 5 inmates.</p> <p>The facility provided a memorandum to state that no inmates have been placed into involuntary segregation for the purpose of risk of victimization. ICF is a maximum security facility therefore all inmates outside of units 6-7 are already in segregated housing due to the custody level. The PREA Coordinator stated in an interview that segregation is not used to protect inmates at high risk of sexual victimization unless it is the only means of keeping an individual safe. In those circumstances, such placement is limited to a very short period usually 1-2 days if currently minimum security before the inmate can be transferred. The auditor is satisfied that the facility refrains from placing inmates at high risk of victimization in segregated housing consistent with provision (a) of the standard.</p> <p>Agency policy 04.05.120 and the PREA Manual, which were reviewed by the auditor, specify that inmates shall maintain access to programs, privileges, and 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. ICF provides programming, privileges, and education to inmates in Administrative Custody on a regular basis so if the situation presents itself compliance with provision (b) would be attainable.</p> <p>The facility reports to the auditor through a memorandum and through interviews with the PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization. In an interview with the PREA Coordinator, 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 area, facility, etc. within a day or two. The facility is compliant with provision (c) as they have a plan in place if the situation occurred.</p> <p>The facility reports through memorandum and interviews with the PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization, therefore, there are no records to review to demonstrate compliance or non-compliance with provision (d) of the standard.</p>

The facility reports that no inmates have been placed into involuntary segregation due to risk of victimization, therefore, there are no records to review to demonstrate compliance or non-compliance with provision (e) of the standard. Due to the absence of specific non-compliance with provision (e) of the standard, the auditor determines compliance.

115.51	Inmate reporting
	<p data-bbox="248 159 887 192">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 237 520 271">Auditor Discussion</p> <p data-bbox="248 315 1485 607">Policy 03.03.140, the PREA Manual, Prisoner Guidebook, Sexual Abuse Poster (advertising the sexual abuse hot-line) and the PREA brochure were reviewed by the auditor in determining compliance with provision (a). All provide information to advise inmates of reporting options. The agency permits PREA allegations to be reported verbally to staff, reported via message to the PREA hot-line, in writing via grievance, in writing to the Correctional Legislative Ombudsman, in writing via the kite system and directly to the Michigan State Police.</p> <p data-bbox="248 663 1477 864">During formal and informal interviews during the audit tour, staff were able to identify the hot-line, the kite and grievance systems and third party reporting mechanisms if an inmate were unwilling to report such allegations directly to staff at the facility. All random inmates were well aware of their abilities to report within the facility. Inmates were able to identify the hot-line, the Legislative Ombudsman, as well as the ability for third parties to make a report on their behalf.</p> <p data-bbox="248 920 1477 1290">During the tour, adequate reporting hot-line posters were prominently displayed throughout the facility. During audit tour informal interviews, staff were aware of their obligations to accept reports from inmates and most inmates who were informally interviewed stated they were comfortable making a report to a staff member. Staff and inmates were aware of the ability to make written reports through the various available means and were aware of the hot-line. Prior to the first day of the audit, this auditor left a test message on the reporting hot-line established by the agency. During the first day of the audit, the instructions left on the reporting hot-line were followed, confirming the functionality of the hot-line to demonstrate compliance with provision (a) of the standard.</p> <p data-bbox="248 1346 1477 1592">Policy 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by the auditor, confirm that reports of sexual abuse and harassment may be reported outside the agency to the Legislative Corrections Ombudsman. Such reports can be made anonymously. The Memorandum of Understanding (MOU) between the two agencies specifies that reports must be forwarded immediately. Neither the facility nor the agency hold individuals for civil immigration purposes to require information with this section of provision (b) of the standard.</p> <p data-bbox="248 1648 1501 1962">During an interview with the ICFs PREA Coordinator, he identified that the facility uses the Legislative Ombudsman to take and forward reports of sexual abuse and sexual harassment at the facility. It is noted within the prisoner guidebook that this resource is available. Inmates were also aware of a crime stoppers number to make reports outside the agency. Inmates were aware of their ability to make anonymous reports. During the tour, inmates who were informally interviewed were well aware of the reporting hot-line and their ability to make anonymous written reports. The Legislative Ombudsman it is published within the prisoner guidebook to sufficiently demonstrate compliance with provision (b) of the standard.</p>

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, require staff to accept verbal, written, anonymous and third party reports. Any verbal reports are required to be forwarded to a supervisor and documented as soon as possible. Through informal interviews during the audit tour, this auditor determined that both staff and inmates were well aware of the need for staff to accept and immediately act upon verbal, written, anonymous and third-party reports consistent with provision (c) of the standard.

During formal interviews with randomly selected staff, all staff interviewed were well aware of their obligation to accept all forms of reports required by the standards and immediately document verbal reports. Inmates that were randomly interviewed were aware of their ability to make reports to staff and were confident that action would be taken on said reports. Randomly interviewed inmates were also aware of the ability of family members or other third parties to make reports on their behalf consistent with provision (c) of the standard.

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 harassment of inmates. While policy and training materials provide multiple options for private reports, most staff reported during formal and informal interviews that they were comfortable making reports directly to through the chain of command, to the PREA Coordinator or agency PREA Administrator.

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

115.52	Exhaustion of administrative remedies
	<p data-bbox="248 159 887 192">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="248 237 520 271">Auditor Discussion</p> <p data-bbox="248 315 1445 394">The agency utilizes administrative procedures to address sexual abuse and is not exempt as specified in provision (a) of the standard.</p> <p data-bbox="248 439 1477 819">DIRECTOR'S OFFICE MEMORANDUM (DOM) 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (b), allows for an inmate's grievance to be submitted at any time to the facility PREA Coordinator or Inspector. 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. The auditor notes that the Director's Office Memorandum was issued to supplement existing grievance policy 03.02.130 which has not been updated to contain language consistent with provision (b) of the standard.</p> <p data-bbox="248 864 1461 1200">DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (c), allows for an inmate's grievance to be submitted to the facility PREA Coordinator or the facility Inspector. The DOM specifies that the grievances will not be referred to the staff member subject to the complaint within. The prisoner guidebook and the grievance policy (03.02.130) do not contain language specific to provision (c) of the standard. The DOM supersedes these documents and establishes procedure until said policies can be revised or updated to reflect standard requirements. Grievances may also be submitted in locked boxes throughout the facility.</p> <p data-bbox="248 1245 1469 1805">DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (d), states the PREA coordinator or inspector shall ensure a written response is provided to the prisoner within 60 calendar days of receipt of the Step I PREA grievance unless an extension has been approved by the Internal Affairs Division in order to conduct an appropriate investigation. An extension of up to 70 calendar days may be approved by Internal Affairs if 60 calendar days is insufficient to make an appropriate decision. The prisoner shall be informed in writing of any extension and provided a date by which a decision will be made. If no response was received, the prisoner shall submit the appeal within 10 calendar days after the date the response was due, including any extension. A final agency determination on the merits of a PREA grievance shall be provided by the PREA Administrator within 90 calendar days from the original filing of the grievance. Computation of the 90 days does not include the 10 days allowed for the prisoner to file an administrative appeal.</p> <p data-bbox="248 1850 1469 2007">The auditor reviewed seven sexual abuse allegations filed as a PREA grievance all of which were in compliance with the policy timelines. A review of the agency DOM and facility investigations demonstrates that facility practice is in compliance with provision (d) of the standard.</p>

The DOM, which was reviewed by the auditor in determining compliance with provision (e) of the standard, permits that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. A third party may also assist a prisoner in filing the prisoner's PREA grievance in accordance with policy. If a third party files a PREA grievance on behalf of a prisoner, the prisoner must sign the PREA grievance in the area provided indicating the prisoner authorizes the grievance to be filed on his/her behalf for the grievance to be processed. If the prisoner refuses to sign, the PREA grievance shall be immediately dismissed. All Department responses to a PREA grievance filed by a third party will be provided only to the prisoner on whose behalf the grievance was filed. PREA grievance form 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. Through review of the DOM and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (e) of the standard.

The DOM, which was reviewed by the auditor in determining compliance with provision (f), establishes procedure for the processing of any emergency grievance in accordance with the standards requirements. The DOM states a prisoner or a third party may file an emergency PREA grievance if he believes that the prisoner is subject to substantial risk of imminent sexual abuse. The Prison Rape Elimination Act (PREA) Prisoner Grievance Form must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the Warden. The Warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA Administrator regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance.

The auditor reviewed two emergency grievances submitted along with the Agency's response. The established timelines and procedures were adhered to in both cases in accordance with the requirements of provision (f) of the standard to satisfy this auditor's determination of compliance.

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

misconduct report if approved by the warden. The auditor reviewed two misconducts that were given to inmates for filing false claims of sexual harassment but no misconducts given for filing false sexual abuse allegations. The DOM establishes procedure for discipline of inmates in accordance with the requirements of provision (g) of the standard to satisfy this auditor's determination of compliance.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Through interviews with the PREA Administrator and the facility PREA Coordinator, it was determined by the auditor that the agency and facility work collaboratively to establish relationships with outside support services. The facility has made attempts to establish formal relationships with the Detroit Rescue Mission Ministry program. The facility has documented its efforts to conduct meetings with these organizations in the attempt of obtaining a formal agreement via email correspondence that this auditor reviewed. While no formal agreement has been reached nor is in place, the facility and the agency maintain a copy of the "An End to Silence" handbook published by the PREA Resource Center. This book is maintained in the facility library and is accessible to inmates. Neither the agency nor the facility house civil immigration detainees; therefore, resources under this element of provision (a) are not applicable. Inmates are aware of monitoring procedures when contacting any agency listed within the An End to Silence publication.</p> <p>Randomly sampled were able to identify the "An End to Silence resource" guide within the facility library, not specifically by name but most referred to it as "The Rape Reporting Book". The inmate who reported sexual abuse stated that he was not provided access to outside victim advocate organizations; however, he was provided a psychology staff member. This stands to reason and is not indicative of non-compliance with provision (a) of the standard, as the facility has no formal agreement in place with an outside victim advocacy organization. Although the facility is determined compliant with the language within provision (a) of the standard by its provision of the An End to Silence resource guide in the absence of a formal agreement with advocacy services.</p> <p>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 provision (b) of the standard, inmates are adequately made aware of how communications are monitored and which lines of communication are unmonitored for confidentiality purposes.</p> <p>Through interviews with the PREA Administrator and the facility PREA Coordinator, it was determined by the auditor that the agency and facility work collaboratively to establish relationships with outside support services. The facility has made attempts to establish formal relationships with, the Detroit Rescue Mission Ministry. The facility has documented its efforts to conduct meetings with these organizations in furtherance of obtaining a formal agreement via email correspondence that this auditor reviewed to determine compliance with provision (c) of the standard. It is noted that through an interview with a representative of the Sparrow Hospital SAFE/SANE program, that agency's SANEs are also trained as victim advocates and provide advocacy resources when necessary during the forensic examination process. The facility is encouraged to pursue this potential avenue for outside advocacy resources as it also works to establish a formal relationship for SAFE/SANE services.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Through a review of Director's Office Memorandum 2016-29 (regarding prisoner PREA related grievances), the Ombudsman MOU, 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 via all methods that are accessible to an inmate directly reporting sexual abuse and sexual harassment, with the additional option of utilizing the agency's website to make a report. Third parties may use the internal kite system, call the reporting hot-line, contact the Legislative Ombudsman, access the agency's on-line reporting form, contact facility staff directly and file PREA grievances. Based on a review of the aforementioned, compliance with provision (a) of the standard was determined.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by the auditor, confirm that staff are required to report all elements denoted within provision (a) of the standard. Local operating procedure 03.03.140 dictates that staff at the ICF are responsible for making reports to their immediate supervisor. Formal and informal interviews during the audit tour indicate that staff are aware of their need to take immediate action with any reports of sexual abuse, sexual harassment or retaliation that comes to their attention, complaint with provision (a) of the standard.</p> <p>Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, contain distinct prohibitions against sharing any information received from a sexual abuse report, consistent with provision (b) of the standard. The only acceptable disclosures are relative to investigative, treatment, security and management decisions. Agency policy and random interviews with selected staff confirm that individuals within the facility are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse to demonstrate compliance with provision (b) of the standard.</p> <p>Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, clearly require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting. Clinicians are required to disclose their duties to report to the inmate. Through formal and informal interviews with medical and mental health care staff, both classes of staff affirmed their obligation to disclose their limits of confidentiality before each encounter and both articulated their obligations to convey any reports of facility based sexual abuse to the PREA Coordinator at the facility consistent with provision (c) of standard to demonstrate compliance.</p> <p>Agency policy 03.03.140 and the PREA Manual, which were reviewed by the 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 provision (d) of the standard.</p> <p>The Deputy Warden stated in an interview that juvenile inmates are not housed at this facility and there has been no experience reporting such an allegation. The agency PREA Administrator confirms in an interview that mandatory reports are forwarded to the Warden's attention and he is responsible for making the report to the mandated agency.</p> <p>Through agency policy and interviews with the PREA Analyst, the agency has sufficiently demonstrated that it has procedures in place for making necessary mandatory reports in compliance with provision (d) of the standard. Such reports have not come from the ICF; however, the agency has experience forwarding such reports to applicable state agencies.</p> <p>Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (e), direct that all reports of sexual abuse and sexual harassment</p>

are brought to the attention of the appropriate supervisory staff and subsequently referred for investigation. A review of investigation files by this auditor confirms that this practice is carried out within the facility and the facility provided an example of a 3rd party allegation made on behalf of an inmate. Investigative reviews provided adequate examples of written and verbal allegations that were immediately forwarded to the attention of investigatory staff. An interview with the Deputy Warden confirms that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on the foregoing, the auditor determined compliance with provision (e).

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 05.01.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), 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 head's designee 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 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 random staff interviewed recognized their need to take immediate action to protect inmates from victimization. ICF reports that no inmate was determined to be in imminent risk within the previous 12 months that would require immediate action for their safety. The auditor determines compliance with provision (a) based upon the staff interviews and procedures in place if the situation presented itself.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. 03.03.140 does not specify that allegations must be forwarded by the facility head to facilities outside of the Department. The examples provided by the facility of reports received from other confinement facilities were not forwarded by the Warden. This was discussed with the PREA Analyst for future revision. However, the intent of the provision to notify another facility of an allegation was made by an upper management staff member in order to comply with provision (a).</p> <p>Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities within 72 hours of allegations of sexual abuse that did not occur in the receiving institution. The examples of such reports within the audit period were reviewed by the auditor in determining compliance with provision (b) of the standard. The Notifications reviewed were all forwarded the within the 72 hour timeframe or sooner once the allegation was received.</p> <p>The PREA Manual and agency policy 03.03.140, which were reviewed by the auditor, require that such notifications are made within 72 hours. The facility examples of notification were reviewed by the auditor all of which were made within the 72 hour timeframe. The second report contained a memorandum dated within the proper time frame that was accompanied by the grievance on which the allegation was submitted. The facility emails document and verify that this report was forwarded to the facility where the allegation was alleged to have occurred in compliance with provision (c) of the standard.</p> <p>Policy 03.03.140 and the PREA Manual, which were reviewed in determining compliance with provision (d) 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. Both the agency head's designee and the Warden both confirm that allegations received from other confinement facilities are properly investigated. The facility reports, interviews with the PREA Analyst and Coordinator it was determined that the ICF has satisfied this provision (d) of the standard with the procedures in place.</p>

115.64	Staff first responder duties
	<p data-bbox="248 197 887 230">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 275 520 309">Auditor Discussion</p> <p data-bbox="248 353 1485 517">The PREA Manual, which was reviewed by the auditor, requires the first responding security staff member to take the four actions specified by provision (a) of the standard 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 data-bbox="248 568 1474 732">Based on a formal interview with a first responder, a review of policies and informal interviews with staff during the audit tour, this auditor was satisfied that the ICF staff are well aware of their first responder obligations under provision (a) of the standard despite not having any allegations of abuse requiring first responders within the previous 12 months.</p> <p data-bbox="248 784 1477 1115">The PREA Manual, which was reviewed by the auditor, requires that a non-custody first responder staff immediately notify a supervisor in their chain of command for a referral to the facility Inspector. Non-custody staff are directed to request that the alleged victim not take any actions that could destroy physical evidence. There were no non-security first responders during the audit period. During the audit tour, 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 provision (b) of the standard.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has developed its own operating procedures for agency policy 03.03.140. The document titled Facility OP 03.03.140, which was reviewed by the auditor, describes the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. The interview with the Deputy Warden outlined the facility's preparation to employ first responder procedures involving key ICF staff in coordinated manner to find compliance with provision (a) of the standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The MDOC's PREA Manual's language, which was reviewed by the auditor, mirrors the language of provision (a) 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 Employees (AFSCME), Michigan Corrections Organization (MCO), Service Employee's International Union (SEIU)-Scientific and Engineering bargaining unit, Service Employee's International Union (SEIU)-Technical bargaining unit, 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 provision (a) 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 agency level interview was previously conducted confirming 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 provision (a) of the standard. The auditor is not required to audit provision (b) of the standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The agency designates that Supervisory staff, other than the direct supervisor, shall monitor for retaliatory performance reviews, reassignments and other retaliatory action not substantiated as legitimate discipline or performance matter for staff. Supervisory staff shall also monitor for disciplinary sanctions, housing/program changes and also conduct periodic status checks for prisoners who report or have reported alleged victimization. At the ICF, the PREA Coordinator is responsible for monitoring. The aforementioned allow the auditor to determine compliance with provision (a) of the standard.</p> <p>Through interviews with the PREA Administrator, the PREA Analyst, PREA Coordinator and the 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 provision (b) of the standard.</p> <p>The ICF has procedures in place to utilize STOP orders against staff who were alleged to have committed acts of sexual abuse, housing unit transfers, and facility transfers to protect victims. The facility procedures demonstrate that it takes immediate action to ensure protections against retaliation despite not having to utilize these procedure within the past 12 months.</p> <p>An interview with the PREA Administrator confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at each facility. In an interview with the Deputy Warden, he expressed a commitment to employing housing unit changes and other protective measures but rarely needs to employ as most of the inmates are currently in segregation at the facility. The facility generally has the ability to transfer an individual to another MDOC facility within one to two days. Should retaliation be noticed, an investigation would ensue. The PREA Coordinator at the facility is also charged with retaliation monitoring. He stated that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of factors enumerated under provision (c) of the standard and face-to-face meetings.</p> <p>An inmate at the facility that had reported sexual abuse was interviewed. He was already in segregated housing but reports the officer was temporarily reassigned and he did meet with staff asking questions about retaliation.</p> <p>The auditor determines compliance with provision (b) of the standard based on the cited interviews, policy provisions to ensure multiple monitoring measures are employed and facility</p>

employs protection measures following allegations of sexual abuse and sexual harassment.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The PREA Manual states that individuals who report sexual abuse are monitored for at least 90 days. The agency and the facility monitor for 90 days unless the allegation is unfounded, at which time, retaliation monitoring would cease. In the event retaliation is observed, policies ensure that it is remedied promptly and that monitoring can be extended beyond 90 calendar days if necessary. An interview with the staff charged with retaliation monitoring confirm that if retaliation is noticed, it is referred for investigation.

The facility reported no instances of retaliation during the audit period. Investigatory files were reviewed to ensure that there was follow-up after an allegation of sexual abuse. The Investigation Worksheet confirms that retaliation monitoring was initiated after the allegation was made with a continued 90 day monitoring in compliance with provision (c) of the standard.

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

The PREA Manual, which was reviewed by the auditor, specifies that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary. The Deputy Warden confirmed in an interview 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 provision (e) of the standard.

The PREA Manual, which was reviewed by the auditor, confirms that retaliation monitoring ceases when an allegation is unfounded and multiple instances were observed through facility investigations where monitoring concluded after the allegation was determined to be unfounded consistent with provision (f) of the standard.

115.68	Post-allegation protective custody
	<p data-bbox="248 168 887 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 246 520 280">Auditor Discussion</p> <p data-bbox="248 302 1487 638"> The 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. </p> <p data-bbox="248 672 1487 750"> 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 data-bbox="248 784 1461 929"> ICF 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. Review of random sample of documentation, such as investigative files (5), and housing assignments, supports this claim rendering compliance with this standard. </p> <p data-bbox="248 974 1453 1086"> Interviews with the Deputy Warden, PREA Analyst, and random staff interviews showed that involuntary segregation has not been used as means of separation of alleged victims and abusers and house a potential victim of an allegation within the past 12 months. </p> <p data-bbox="248 1120 1461 1232"> An interview with an inmate who reported sexual abuse revealed that his placement in segregated status was not related to his disclosure of allegations of sexual abuse. He was already housed in segregation due to his custody level. </p> <p data-bbox="248 1265 1503 1523"> It should be noted that while such placements have not occurred in the last 12 months. 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. ICF already provides these services as they house long-term Administrative Segregation inmates due to being designated at a maximum security facility. </p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), state that when receiving an allegation of sexual abuse or sexual harassment, as described in the definitions of this manual, whether reported verbally or in writing, shall be investigated. Staff shall ensure all allegations are referred to the appropriate law enforcement agency in accordance with policy and law for criminal investigation in conjunction with the Department’s administrative investigation. Referrals to law enforcement shall be documented in the Department’s investigative report, PREA investigation worksheet(s) and pertinent computerized database entries. A Warden’s or Administrator’s designee will refer the allegation no later than 72 hours after the report was made to the Internal Affairs Division by creating the AIPAS entry for each alleged incident. Agency policy requires that all reports, regardless of their source of origination, be taken and referred for investigation.</p> <p>An interview with a facility investigator stated that investigations are initiated within 72 hours of report. All reports of sexual abuse and sexual harassment, including anonymous or third party reports are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made meeting the requirements of provision (a) of this standard. The auditor notes several predetermined questionnaires used for investigating allegations. Although this may be effective for verbal allegations the auditor recommends personal interviews for more complete picture of the allegations. Inmates should always be interviewed upon making an allegation a questionnaire does not suffice for an actual investigation.</p> <p>Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, requires that Department investigators receive specialized training from the Training Division to be able to conduct sexual abuse investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The ICF provided records, reviewed by the auditor in determining compliance with provision (b) of the standard, to demonstrate that it has current investigators on staff who completed the MDOC's Basic Investigator's Training course and the NIC Specialized Investigator's course.</p> <p>Only individuals trained in investigating allegations of sexual abuse and sexual harassment in confinement are task with this responsibility. Lesson plans for this specialized training includes topics on gathering and preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviews with alleged victims, suspected perpetrators, and witnesses; review of prior reports and complaints of sexual abuse involving the suspected perpetrator; information on compelled interviewing and Garrity rules; referral for outside law enforcement for prosecution, etc.</p>

These subjects were discussed with the investigative staff during the interview and it was reported that the training adequately covered all topics leaving the investigator with thorough knowledge for real life application. Additionally, review of five investigative files showed appropriate application of training. The auditor recommends the elimination of questionnaires utilized to gather investigative information in order to conduct a more thorough investigation.

The MDOC's basic investigator's training, which was reviewed by the auditor in determining compliance with provision (c) provides sufficient background training to enable investigators to fulfill the elements set forth within the standards. Through interviews with the PREA Coordinator and a review of investigations, the ICF has not had a report of sexual abuse where the collection of forensic evidence was required. The facility demonstrates that it makes its best efforts to preserve evidence, whether that be in the form of video, shift rosters, log books, etc. The element that is of concern to this auditor is the use of the investigatory questionnaire in place of an actual interview in some of the cases.

Basic Investigator's training and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (d), specify that when the evidence appears to support criminal prosecution, the assigned investigator shall coordinate interviews with law enforcement to avoid obstacles to subsequent criminal prosecution. In a review of investigations, there was no evidence of compelled interviews and no investigations were referred for prosecution. The auditor finds compliance with provision (d).

The PREA Manual, which was reviewed by the 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 treats all allegations seriously and does not give credibility of facts based simply upon the status of inmate or staff member. He also indicated that truth-telling devices are not used in the investigatory process. An inmate who reported sexual abuse confirmed that he was not subjected to any truth-telling device to allow this auditor to find compliance with provision (e).

A review of investigations indicate that staff actions are considered during the course of investigations where applicable in compliance with provision (f). 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 that document investigatory activities that support a conclusion are generated.

The auditor finds compliance with provision (f) based on the investigations the facility conducted in which all applicable parties participated. These investigations demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion.

The ICF reports that no criminal investigations were conducted during the audit period during interviews and on the PAQ. A review of facility investigations by the auditor confirms this report. According to interviews with the PREA Administrator, the Michigan State Police conduct criminal investigations and there was a request that the agency comply with applicable PREA standards. The auditor reviewed the PREA Manual which also requires that criminal investigative reports are generated to outline both physical and testimonial evidence, credibility assessments and investigative facts. Supporting documentation is also referenced that either proves or disproves the investigative outcome, allowing the auditor to find compliance with provision (g) of the standard.

The facility reports on the PAQ, through interviews with the PREA Coordinator and a review of investigations this auditor confirms that no allegations which were investigated during the audit period produced a level of evidence to refer for prosecution as required by provision (h) of the standard. The auditor reviewed agency policies 03.03.140 and the PREA Manual. A review of policy, coupled with an interview with the PREA Coordinator and a facility investigator; the auditor is satisfied that the ICF has procedures in place to refer substantiated allegations of criminal conduct for prosecution consistent with provision (h) of the standard.

The PREA Manual, which was reviewed by the 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 in compliance with provision (i) of the standard.

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (j), specifies that investigations will continue despite the departure of any alleged victim or abuser.

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

Interviews with the Deputy Warden, PREA Coordinator, PREA Analyst 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, allowing this auditor to find compliance with provision (l).

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Manual and the Basic Investigator Training Manual, which were reviewed by the auditor in determining compliance with provision (a), specify that the agency's standard of proof is to be the preponderance of the evidence. Interview with one investigative staff and documentation of the administrative findings support this provision, indicating that the burden of proof of "more likely than not" is used to deem allegations as substantiated or unfounded.</p>

115.73	Reporting to inmates
	<p data-bbox="248 168 887 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 246 520 280">Auditor Discussion</p> <p data-bbox="248 324 1477 571">Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The Deputy Warden and facility investigator both confirm that inmate victims are notified of the investigatory results. The ICF provided documentation of inmate notification in all sampled investigations to demonstrate compliance with provision (a) of the standard.</p> <p data-bbox="248 622 1477 869">Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The auditor interviewed the PREA Coordinator at the facility and reviewed facility investigations to determine there were no investigations completed by an outside law enforcement entity during the review period. Adequate procedures are in place for compliance with provision (b) should an outside agency investigate an allegation at the ICF.</p> <p data-bbox="248 920 1477 1167">Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), indicate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The auditor reviewed five investigative files and found that ICF was indeed sending notifications of outcomes. Interviews with two inmates showed that they had received these notifications consistent with this standard. This auditor finds ICF is compliant with provision (c) of this standard.</p> <p data-bbox="248 1218 1477 1509">The PREA Manual, which was reviewed by the auditor in determining compliance with provision (d), indicates that both the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions. A review of facility investigations reveals that no outcomes included indictment or conviction on a charge of sexual abuse. Through a review of policy and examples of notification of investigatory outcomes, the auditor is satisfied that the facility has adequate procedures in place to make such notifications to determine compliance with provision (d).</p> <p data-bbox="248 1561 1477 1639">The ICF provided documentation of inmate notification in all sampled investigations to demonstrate compliance with provision (e) of the standard.</p> <p data-bbox="248 1691 1477 1803">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 provision (f) of the standard.</p>

115.76	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Agency policies 02.03.100, 02.03.100A, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by the auditor in determining compliance with provision (a) of the standard. The agency clearly establishes through existing policies that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies, in compliance with provision (a) of the standard.</p> <p>The staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with provision (b) of the standard. There have been no substantiated instances of sexual abuse within the audit period to confirm agency practice. Based on policy provisions, the facility demonstrates it is in compliance with provision (b) of the standard.</p> <p>The PREA Manual and staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary actions consistent with provision (c). According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations. There were no official acts of discipline issued by the facility during the course of the audit period for violations of sexual abuse and sexual harassment policies to confirm agency practice with respect to provision (c) of the standard. Based on policy provisions, the auditor determines compliance with provision (c).</p> <p>Through the auditor's review of the PREA Manual, policy provisions exist to ensure that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, consistent with provision (d) of the standard. A review of the facility's investigations revealed no substantiated allegations of sexual abuse or sexual harassment against a staff member. There were no terminations or resignations in lieu of termination to demonstrate facility practice with respect to provision (d) standard. Based on policy provisions, the auditor determines compliance with provision (d).</p>
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115.77	Corrective action for contractors and volunteers
	<p data-bbox="248 168 887 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 520 282">Auditor Discussion</p> <p data-bbox="248 329 1485 786"> Under agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, both contractors and volunteers are held to the same standards as employees directly hired by the agency when it comes to disciplinary action for engaging in sexual abuse and sexual harassment. Therefore, any contractor or volunteer engaging in these behaviors would presumptively be terminated or barred from the facility. 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 provision (a) of the standard. Based upon policy provisions, the auditor determines compliance with provision (a). </p> <p data-bbox="248 842 1485 1171"> 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 provision (b) of the standard. An interview with the Deputy Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from the facility. There were no substantiated allegations of sexual abuse upon which to gauge facility practice; however, based upon policy provisions and the Deputy Warden's interview, the auditor determines compliance with provision (b). </p>

115.78	Disciplinary sanctions for inmates
	<p data-bbox="248 170 887 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 520 282">Auditor Discussion</p> <p data-bbox="248 327 1453 618">The auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with provision (a). These documents pair to confirm that inmates are only subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that sexual abuse occurred. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. Based upon policy requirements prior to the imposition of discipline, the auditor determines compliance with provision (a) of the standard.</p> <p data-bbox="248 663 1477 909">The auditor reviewed agency policy 03.03.105A and 03.03.105D, which were determined to establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment consistent with provision (b) of the standard. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. Based upon the established sanctioning matrix relative to the imposition of discipline, the auditor determines compliance with provision (b) of the standard.</p> <p data-bbox="248 954 1477 1335">The auditor reviewed agency policy 03.03.105, and the PREA Manual which established procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed, consistent with provision (c) of the standard. An interview with the PREA Analyst and Deputy Warden confirms that facility hearing examiners consider the mental status of an inmate when determining sanctions. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. Based upon interviews and the agency's policies for the consideration of mental health status prior to the imposition of discipline, the auditor determines compliance with provision (c) of the standard.</p> <p data-bbox="248 1379 1477 1648">The auditor reviewed the agency PREA Manual. During an interview with facility mental health staff they do not place inmates into programming for sexual offenders following a substantiated act of sexual abuse between inmates consistent with provision (d) of the standard. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. Based upon an interview with facility mental health staff and policy requirements, the auditor determines compliance with provision (d) of the standard.</p> <p data-bbox="248 1693 1477 1895">The auditor reviewed agency policy 03.03.140, which dictates that allegations of inmate sexual assaults against staff shall be reported to MSP for investigation and discipline for the inmate can only be given if the staff member did not consent. There have been no cases to gauge facility practice. Based on agency policy the auditor to determine compliance with provision (e) of the standard.</p>

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

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

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="248 159 887 192">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="248 237 520 271">Auditor Discussion</p> <p data-bbox="248 315 1485 607">Agency policies 03.04.140, 04.01.105, 04.06.180, Risk Assessment Memo 1/10/2017, PREA Risk Assessment Tracker, and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. Through a review of policy and an interview with the agency PREA Analyst and the agency screening procedures; If sexual victimization is reported during that intake screening, medical and mental health services are offered.</p> <p data-bbox="248 663 1485 909">The facility does keep secondary logs to document medical and mental health referrals pursuant to this standard; PREA risk Assessment Tracker. The facility reports zero self-disclosures of victimization within the past 12 months during their screening therefore no referrals have been made to medical or mental health for the follow-up within 14 days of disclosure. The auditor has no instances to gauge compliance therefore based upon interviews, agency policy, and the memo dated 1/10/2017 the auditor finds the facility to be in compliance with provision (a & c) of the standard.</p> <p data-bbox="248 954 1485 1200">The facility does keep secondary logs to document medical and mental health referrals pursuant to this standard; PREA risk Assessment Tracker. The facility reports zero self-disclosures of perpetration within the past 12 months during their screening therefore no referrals have been made to mental health staff for the follow-up within 14 days of disclosure. The auditor has no instances to gauge compliance therefore based upon interviews, agency policy, and the memo dated 1/10/2017 the auditor finds the facility to be in compliance with provision (b) of the standard.</p> <p data-bbox="248 1256 1485 1503">Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, as well as interviews with random staff, confirm that information pertaining to sexual victimization occurring in an institutional setting is treated confidentially. All staff who were either formally or informally interviewed during the audit tour were aware that information pertaining to sexual abuse is only shared with those who are required to know to inform security and management decisions in compliance with provision (d) of the standard.</p> <p data-bbox="248 1559 1485 1805">The auditor reviewed agency policy 03.03.140 and the PREA Manual when determining compliance with provision (e) of the standard. These policies require any victimization that did not occur in an institutional setting to be accompanied by an informed consent prior to disclosure. Interviews with facility medical and mental health providers affirmed that the provider must obtain consent prior to disclosure of this information, allowing this auditor to determine compliance with provision (e) of the standard.</p>

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. The standard of care is required to be consistent with community standards and is determined by the judgement of the practitioner. Interviews with mental health staff confirm that a response occurs within 24 hours of an allegation of sexual abuse and that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner. Medical has the ability to provide necessary and ongoing medical treatment for inmates of sexual victimization to include STI testing in reference to provision (c) of the standard. There are no instances to review actual practice therefore based on policy and interviews the auditor finds compliance with this provision (a & c) of the standard.</p> <p>The PREA Manual, which was reviewed by the auditor, contains language that mirrors the standard's language to demonstrate compliance with this provision (b) of the standard. Random staff interviews and informal interviews during the audit tour confirm that security staff are aware of their need to contact medical providers upon learning of a sexual abuse allegation, allowing the auditor to determine compliance with provision (b) of the standard.</p> <p>The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. Based on policy provisions, the auditor determines compliance with provision (d) of the standard.</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="248 168 887 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 246 518 280">Auditor Discussion</p> <p data-bbox="248 324 1485 443">The auditor reviewed agency policies 03.04.140, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's approach to providing required medical and mental health services for victims of sexual abuse.</p> <p data-bbox="248 495 1468 656">The auditor finds that the ICF's procedures and practice adequately afford the opportunity to identify inmates who would require services consistent with provision (a) and adequately respond to all allegations in a manner that affords for compliance with provision (a) of the standard.</p> <p data-bbox="248 707 1468 1171">The auditor reviewed agency policies 03.04.100, 04.06.180 and the PREA Manual, which combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with a facility medical provider confirmed that a physician would examine an alleged victim and make appropriate decisions to treat injuries, infections, STIs, etc. An interview with facility mental health staff confirmed that an assessment of adjustment would be conducted and ongoing support would be provided. It is noted that the medical and mental health care providers articulate what is required by provision (b) of the standard and the facility is found to be compliant based upon the actions employed when such cases may be referred to medical and mental health staff's attention. The auditor finds the interviews and policy to show compliance with provision (b) of the standard.</p> <p data-bbox="248 1223 1501 1417">The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care. The standard of care is required to be consistent with community standards and is determined by the judgment of the practitioner.</p> <p data-bbox="248 1462 1501 1738">Interviews with mental health staff confirm that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner. Medical and mental health staff confirmed that they are licensed professionals in their respective disciplines and their licensure requires that they deliver care that is consistent with care afforded in the community, allowing the auditor to determine compliance with provision (c) of the standard.</p> <p data-bbox="248 1783 1453 1946">The auditor reviewed agency policy 03.04.100 and the PREA Manual, which state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate with respect to provision (f) of this standard the auditor has determined compliance based upon interviews and policy.</p>

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which specify that treatment is provided to victims of sexual abuse, free of charge, regardless of their cooperation with any ensuing investigation. Based on policy, the auditor determines compliance with provision (g) of the standard.

The PREA Manual, which was reviewed by the auditor, states that within 60 days of learning of prisoner on prisoner abuser, the facility mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. Mental health staff reported during an interview that evaluative procedures are in place to address known inmate-on-inmate abusers for applicable treatment modalities. There have been no instances at the ICF where an inmate was found or known to have engaged in sexual abuse of another inmate. Based on policy provisions, the auditor determines compliance with provision (h) of the standard.

115.86	Sexual abuse incident reviews
	<p data-bbox="252 170 887 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 520 282">Auditor Discussion</p> <p data-bbox="252 327 1445 528">The auditor reviewed the PREA Manual, which establishes the requirement that form CAJ-1025 be completed to document the Sexual Abuse Incident Review for allegations of sexual abuse that are substantiated or unsubstantiated. In a review of investigations that the ICF determined to be unsubstantiated, a sexual abuse incident review was completed to demonstrate compliance with provision (a) of the standard.</p> <p data-bbox="252 584 1473 696">Through the auditor's review of incident review following an unsubstantiated disposition, which was determined to have taken place within 30 days of the investigation's conclusion to find compliance with provision (b) of the standard.</p> <p data-bbox="252 752 1477 999">In a sampled incident review, the auditor notes that the facility did involve upper-level managers, investigators and line supervisors. A mental health manager was part of the review team. Interviews with the 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, the auditor finds compliance with provision (c) of the standard.</p> <p data-bbox="252 1055 1481 1167">Agency form CAJ-1025, which was reviewed by the auditor, mirrors the standard language to confirm that the facility must consider the six factors required by provision (d) of the standard in order to complete the agency review form.</p> <p data-bbox="252 1223 1485 1424">Interviews with the Deputy Warden and facility PREA Coordinator confirms that the ICF's review team considers the six factors enumerated under provision (d) of the standard in its review process and any recommendations are acted upon regarding corrective actions. Based on interviews and the sampled review, the auditor determines compliance with provision (d & e) of the standard.</p>

115.87	Data collection
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.88	Data review for corrective action
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Ionia Correctional Facility was very accommodating during the audit and provided unfettered access to all matters requested. The facility provided the auditor full access to all areas of the facility to demonstrate compliance with provision (h) of the standard. The auditor was provided copies of all documents requested. Information that was absent from the PAQ was requested and provided by the facility in satisfaction of provision (i) of the standard. The auditor was able to conduct inmate interviews in a private setting in accordance with provision (m) of the standard. The auditors were provided private offices where interviews occurred. During the audit tour, the auditor observed that the notice of audit was prominently displayed throughout all housing units and common areas of the facility. This auditor received correspondence from an inmate at the facility prior to the audit and following the audit to demonstrate compliance with provision (n) of the standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

Appendix: Provision Findings

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

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

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

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)	N/A

115.13 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video	yes

	monitoring, to protect inmates against sexual abuse?	
	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 consideration the number and placement of supervisory staff 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 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

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

115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	N/A

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).)	N/A
	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).)	N/A

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).)	N/A
	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).)	N/A
	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).)	N/A

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.)	N/A
	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.)	N/A

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates?	N/A

115.15 (d)	Limits to cross-gender viewing and searches	
	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)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	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)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

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

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency: perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

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

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

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

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

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

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

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

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

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

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	N/A

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

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does 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)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

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

115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

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

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

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

115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.33 (c)	Inmate education	
	Have all inmates received 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)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?	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

115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	N/A

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	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

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

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

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

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

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, 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

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

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

115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes

115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

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

115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	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

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	yes

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

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

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

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

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

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

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

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

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

115.53 (a) Inmate access to outside confidential support services		
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

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

115.53 (c) Inmate access to outside confidential support services		
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

115.61 (a) Staff and agency reporting duties		
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.61 (b) Staff and agency reporting duties		
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c) Staff and agency reporting duties		
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

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

115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes

115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

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

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

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

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

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

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

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

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

115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

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

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

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

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

115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

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

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

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

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

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

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

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

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

115.78 (a) Disciplinary sanctions for inmates		
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

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

115.78 (c) Disciplinary sanctions for inmates		
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.78 (g)	Disciplinary sanctions for inmates	
	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

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

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

115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

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

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

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

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

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	N/A

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	N/A

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

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

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

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

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

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

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

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

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

115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes