

PREA Facility Audit Report: Final

Name of Facility: Detroit Detention Center

Facility Type: Lockups

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/13/2018

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: Stephen V. Noll	Date of Signature: 09/13/2018

AUDITOR INFORMATION	
Auditor name:	Noll, Stephen
Address:	
Email:	stnoll@pa.gov
Telephone number:	
Start Date of On-Site Audit:	07/18/2018
End Date of On-Site Audit:	07/19/2018

FACILITY INFORMATION	
Facility name:	Detroit Detention Center
Facility physical address:	17601 Mound Road, Detroit, Michigan - 48212
Facility Phone	3133688300
Facility mailing address:	
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"/> Police <input type="radio"/> Sheriff <input type="radio"/> Court Holding <input checked="" type="radio"/> Other <input type="text"/>

Primary Contact			
Name:	Elvira Chapman	Title:	Inspector
Email Address:	chapmane@michigan.gov	Telephone Number:	3132361659

Sheriff/Chief/Director			
Name:	Kenneth Romanowski	Title:	Warden
Email Address:	romanowskik@michigan.gov	Telephone Number:	313-410-5747

Facility PREA Compliance Manager			
Name:	Elvira Chapman	Email Address:	chapmane@michigan.gov

Facility Characteristics			
Designed facility capacity:		200	
Current population of facility:		50	
Age Range	<i>Adults: 18 and up</i>	<i>Juveniles:</i>	<i>Youthful Residents: 17 yrs.</i>
Facility security level/detainee custody levels:		DDC Lockup doesn't have custody levels.	

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

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

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

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

A Prison Rape Elimination Act audit of the Detroit Detention Center (DDC) was conducted from July 18, 2018 to July 19, 2018, pursuant to an audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. I, Stephen Noll, Department of Justice certified PREA auditor, was assisted during this audit by Department of Justice certified PREA auditor Krista Callear. We would like to extend appreciation to Warden Kenneth Romanowski and Deputy Warden Terry Tellez and their staff for their professionalism throughout the audit and willingness to comply with all requests and best practice recommendations made by the auditors both during the site visit and post audit. The auditors would also like to recognize PREA Compliance Coordinator Inspector Elvira Chapman, Regional PREA Analyst Wendy Hart and PREA Manager Charles Carlson for their hard work in preparing for the audit.

The PREA Online Auditing System (OAS) was utilized by the DDC along with additional documents requested prior to and during the on-site audit. The Agency PREA Administrator provided relevant policy and audit documentation for review in advance of the audit via the OAS. Additional requested hard copy materials will be maintained by this auditor at the Pennsylvania Department of Corrections Central Office. This auditor created this OAS report post audit utilizing the pre-audit documents, onsite materials, interview notes and physical plant audit notes. A review of pre-audit documentation took place in advance of the audit and supplemental document requests were made onsite and provided during the audit.

The agency head's designee and agency PREA Administrator were interviewed in person during an agency-level audit conducted by DOJ certified PREA auditors Carole Mattis and David Radziewicz prior to the audit. These interviews were reviewed and relied upon in the performance of this audit.

Entrance Interview:

An entrance meeting was held on the morning of July 18, 2018, beginning at approximately 0800 hours. The auditors were greeted by the facility's administrative team and the agency's PREA staff to include Warden Kenneth Romanowski, Deputy Terry Tellez, Inspector (PREA Coordinator) Elvira Chapman, agency PREA Administrator Charles Carlson, Regional PREA analyst Wendy Hart, and other key members of the administration. Introductions were made and logistics for the audit were planned during this approximately 20 minute meeting. A tour of the facility commenced immediately thereafter by this auditor along with auditor Krista Callear.

Site Review:

Immediately after the entrance meeting, auditors Noll and Callear began a site review of the facility. A roster of all detainees in the housing unit was provided to the auditors for the selection of random inmate interviews. Detainees were selected to equally represent the demographics within the lock-up, and those

identified as fitting the available specialized categories of interviews required by the auditor handbook. Individual detainees were selected at random within each specialized category if available due to this facility being a Lock-Up with limited and rapidly changing population.

Auditors Noll and Callear were given a tour of all areas of the facility, including; the Administrative building (building 100), building 500 which is the only housing unit utilized on the facility property and the maintenance building. During the site review, 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 site review, the auditors also informally interviewed the agency PREA Manager Charles Carlson, Regional PREA Analyst Wendy Hart and facility PREA Coordinator Inspector Elvira Chapman to determine operational procedures and to gain an overall sense of how the Lock-Up implements the PREA standards. These informal interviews were used to supplement formal interviews in determining compliance with the standards.

During the site review, the auditors observed the housing units camera monitoring station to verify that cameras were located in such a way as to provide adequate coverage of the male and female housing units, yet afford privacy in bathroom/shower areas of the facility. The shower areas are used sparingly and only if the detainee is in need of a shower due to the short stay of the detainees which is an average of 43 hours. A knock and announce notice was posted at the entryway to the housing unit and a privacy notice 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. During the site review, it was observed that opposite gender announcements were consistently made. There are no gender specific posts at this facility (i.e. female officers are not permitted to work the unit). Following the knock and announce, opposite gender staff waited several seconds prior to entering the housing unit.

Interviews:

When the site review concluded by approximately 1100 hours, Auditors Noll and Callear began interviews by interviewing the Deputy Warden using the questionnaire interview template available from the National PREA Resource Center for the specialized staff positions. The Deputy warden is considered the "director" of the DDC, the warden was present during the initial entrance meeting and relayed that the Deputy Warden was responsible for the daily operations of the DDC. The warden was not interviewed as he is responsible for the daily operations at the Detroit Re-Entry Center.

Auditors Noll and Callear began specialized staff interviews, 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 detainees (no educational staff due to the DDC being a Lock-Up), contract administrator (the agency does not contract for the housing of its inmates/detainees) and Non-Medical Staff involved in cross gender searches. The specialized interviews included: an intermediate/higher level facility staff and incident review team member, PREA Coordinator, Investigative staff, risk screening staff, medical staff, staff charged with monitoring retaliation, first responders and intake staff. Two youthful detainees were also interviewed during the first day of the audit. The first day of the onsite audit concluded at approximately 1800 hours.

The second day of the onsite audit commenced at approximately 0700 hours and concluded by approximately 1200 hours. This day consisted of staff and inmate interviews and an exit briefing. Upon

arrival this auditor was given a copy of the institution's shift rosters in order to select staff for random interviews. A minimum of one officer from each housing area was selected, covering all three shifts, with a total sample size of 16 random staff interviews conducted.

A total of 31 staff were interviewed (including random, specialized staff and Volunteers/contractors). Random interviews also followed the format prescribed by the PREA Resource Center's interview templates for random staff and detainees. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist this auditor with determining compliance with the provisions of applicable standards.

A total of 18 detainees to include 15 random and three targeted detainees were interviewed (there were only two detainees identified as juvenile and one additional detainee with a cognitive disability (brain injury) available for targeted specialized interviews) interviewed from the interview categories prescribed by the PREA Resource Center's Interview Guide for Inmate Interviews. This auditor was provided a copy of the housing unit roster sheets for both days of the audit.

A telephone interview was conducted by this auditor with a representative of the Detroit Receiving Hospital, 24/7 SAFE/SANE and victim advocate paging system to verify the availability of SAFE/SANE practitioners and victim advocate services at the hospital. The victim advocate representative responded to my page within 10 minutes.

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

16 random onsite employees were interviewed. At minimum, one officer from each housing area was selected (covering all shifts), one person from each area of responsibility/classification, and one contractor and one Inmate that have contact with detainees were randomly selected. Two staff members from the Detroit Police Department (DPD) were also interviewed along with interviews within the following categories. Interviews were conducted and broken down in the following manner:

Interviews Conducted:

MDOC Staff/DPD Staff/Contractors- total 30 Individuals- 12 areas of varying responsibilities (there are no volunteers at the DDC)

Designated Staff Member Charged with Monitoring Retaliation-1

Incident Review Team-1

Intermediate-or High-Level Facility Staff-1 (Deputy Warden)

Investigative Staff-2 (DDC Investigators)

PREA Compliance Coordinator-1

HR Staff-1

Random Staff Sample-16

Staff who perform Screening for Risk of Victimization and Abusiveness-2

Supervise Segregated Housing Staff-0 (no segregated unit at this DDC)

Medical staff-1

First Responders-1 (security staff)

Intake Staff-2

Contractors and Inmates who have contact with detainees-2 (one contractor and one inmate worker)

Mental Health Staff-0 (facility had no MH staff on site)

Approximately 7 informal detainee and staff interviews were conducted during the physical tour of the facility by this auditor and auditor Krista Callear and were also considered in determining compliance with the standards.

Random interviews also followed the format laid out by the PREA Resource Center's interview templates for random staff and detainees. 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. The auditor notes that, due to some staff fulfilling, multiple roles within the facility, certain staff members who were interviewed represented more than one category of interview (i.e. the medical staff/contractor that has contact with detainees).

This auditor did not receive any detainee correspondence prior to arriving at the facility. (average length of stay for the detainees is 43 hours.)

Detainee Interviews were conducted and broken down in the following manner:

Detainees- total 18 Individuals to include interviews for specialized areas (due to this facility being a Lock-Up with an average stay of 43 hours, three of the following areas were not identified or available for interview):

Disabled and Limited English Proficient Detainees (Cognitive Disability)-1

Inmates who disclosed Sexual Victimization during Risk Screening-0 (No detainees identified themselves in this category during the on-site audit.)

Random Sample of Inmates-15

Transgender and Intersex detainees; Gay, Lesbian, and Bisexual detainees-0 (No detainees identified themselves in this category during the on-site audit.)

Reported Sexual Abuse-0 (No detainees identified themselves in this category during the on-site audit.)

Youthful/juvenile detainees-2

Document Review:

The facility provided copies of the eight investigations for the last 12 months which were reviewed by this auditor following the onsite portion of the audit. Further discussion on the review of the investigations is later in this report. Random personnel files were requested from the Human Resources Department for review along with detainee files that were requested on the units. Additional documents to include, but not limited to, staff and contractor PREA training records, DDC investigator training records, search procedures (pat searches of detainees), facility schematics and pre-booking questionnaires were requested and reviewed by this auditor. All policies were reviewed to ensure they contained relevant information pertaining to sexual safety for staff and detainees. Documents provided via the automated system were also reviewed in their entirety to assist in determining compliance with the standards.

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

Michigan Department of Corrections

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

Annual PREA Statistics Reports 2014 & 2015

Annual Staffing Plan Review CAJ-1027

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

Collective Bargaining Agreement AFSME AFL-CIO

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

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

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

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

Director's Office Memorandum 2017-23 PREA Grievance Process

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

Employee Handbook, Department of Corrections

Facility Floorplan

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

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

Detroit Police Department Standard Operating Procedures

Detroit Police Department MOU

Michigan Penal Code (Excerpt) Act 328 of 1931 750.520c Criminal sexual conduct in the second degree: felony

Organizational Chart

Operating Procedure- 03.04.100H Health Care Management of Reported Sexual Assaults of Prisoners in CFA Facilities

Policy Directive- 01.01.140 Internal Affairs

Policy Directive- 02.01.140 Human Resource Files

Policy Directive- 02.03.100 Employee Discipline and Attachment A

Policy Directive- 02.05.100 New Employee Training Program

Policy Directive- 02.05.101 In-Service Training

Policy Directive- 02.06.111 Employment Screening

Policy Directive- 03.03.105 Prisoner Discipline with Attachment A and D

Policy Directive- 03.03.105B Class II Misconducts

Policy Directive- 03.03.140 Prohibited Sexual Conduct Involving Prisoners

Policy Directive- 03.04.100 Health Services

Policy Directive- 03.04.125 Medical Emergencies

Policy Directive- 04.01.105 Reception Facilities Services

Policy Directive- 04.04.100 Custody, Security and Safety Systems

Policy Directive- 04.04.110 Search and Arrest in Correctional Facilities

Policy Directive- 04.05.120 Segregation Standards- with Variance CAJ-296

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Policy Directive- 04.06.184 Gender Identity Disorder (GID)/Gender Dysphoria

Policy Directive- 05.01.140 Prisoner Placement and Transfer

Policy Directive- 05.03.118 Prisoner Mail

Policy Directive- 03.03.130 Prisoner Telephone Use and Attachment B

PREA Administrator Memorandum 115.71 (h) dated July 21, 2016
PREA Coordinator List November 9, 2016
Detainee Pre-Booking Questionnaire in English, Spanish and Arabic
Detainee Grievance Forms CAJ-1038 A and Appeal CAJ-1038 B
Risk Assessments Manual (PREA) August 12, 2015
Risk Assessment Review DDC (PREA)
The PREA Manual dated April 24, 2017

The aforementioned documents were reviewed in conjunction with documents requested prior too and during the tour to assist in determining compliance with the Standards.

Exit Interview:

The auditors conducted an exit briefing on October 17, 2018 upon completion of the onsite PREA audit portion for the Detroit Detention Center. The auditors explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the agency PREA Coordinator. All staff present were thanked for their time and effort during this process.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Detroit Detention Center (DDC) is located at 17601 Mound Road Detroit, MI. The DDC makes use of the former Mound Correctional Facility, which was closed in January 2012. The DDC was opened on August 1, 2013 and operates under an interagency agreement between the Detroit Police Department (DPD) and the Michigan Department of Corrections (MDOC). The DDC holds all male and female pre-arraigned detainees 17 years of age or older in the city of Detroit for up to 72 hours (average stay is 43 hours.) The detainees at the DDC are booked, and fingerprinted by the MDOC employees and are arraigned by either the 36th District Court or the 34th District Court. The MDOC staff are solely responsible for the care custody and control of the detainees during their short stay at the DDC.

A double fence topped with razor-ribbon wire surrounds the multi-level facility perimeter. A perimeter security vehicle and an electronic detection system maintain perimeter security.

The Detroit Detention Center currently utilizes two of the buildings located on the premises. Building 100 is used as the Administrative Building for DDC administrative staff and Building 500 is used for holding male and female detainees which is divided into two separate units independent of one another with separate entrances and booking areas. The units are identical in construction with two levels and a center console/officers station surrounded by individual cells and group holding areas. Building 100 is shared with the Detroit Police Department for initial arrestee intake, suspect interviews, line-ups, and other detective duties. The remaining buildings within the perimeter with the exception of the maintenance building have been "shuttered" and are no longer in use. Department policies that apply to prisoners do not apply to the detainees at the DDC. However, Department policies which govern personnel matters, custody and security measures, use of force, physical plant requirements, and other non-prisoner related matters apply unless specifically exempted by the CFA Deputy Director or designee.

There are no provisions for restrictive housing at the facility. Detainees are housed in holding cells (10) or individual cells (58) based upon compatible PREA risk assessments, youthful detainees and medical concerns. The facility does have housing cells with camera coverage on both the male and female side of the unit that are utilized for medical observation and juveniles. Staffing of the housing unit is not gender specific.

Health care is provided at an on-site health care clinic, the Detroit Receiving Hospital is utilized in the event of emergencies. Mental Health (MH) services are also provided at the Detroit Receiving Hospital if needed. There are no MH services on-site.

The DDC is designed to operate a maximum capacity of 200 detainees (150 male and 50 female). On day one of the audit, there were 71 detainees present, 59 males and 12 females (this population number was used in determining the number of detainees to be interviewed) and on the second day of the audit, the population increased to 77 detainees, 57 males and 20 females. This auditor observed that the detainee population consisted predominately of Caucasian and African-American detainees. Other

ethnic groups were not widely observed throughout the site review. From this auditor's observations, the majority of the detainee population appeared to trend towards an age range of 20 or greater.

There are a total of 64 staff at the facility who may have contact with detainees, providing adequate supervision within the housing unit. The command structure within the security ranks includes corrections officers, Sergeants, Lieutenants (shift supervisors), a Captain, Deputy Warden and Warden (the warden is not located at this location). The layout of the housing unit permits the officers to have view of the unit entrance, the entrance to the unit detainee lavatory/shower rooms (within audible range) from their designated work station. Supplemental "pipe" rounds (electronically documented rounds) take place throughout the unit by security and administrative staff with random roving movement that cover periodic routine observation of all other areas.

The DDC utilizes the Detroit Re-Entry Center's (DRC) food service department located nearby to provide bag meals to the detainees during their stay. The supervisor on duty will call the DRC with a meal count for each day. DRC food service staff will deliver the meals via the sally port at the rear of building #500. Inmate workers (porters) accompanied by a DRC staff member will unload the meals and secure it in large industrial size refrigerators on each side of the facility.

During the site review, observation of attitudes and demeanor (it was very quiet on the unit) of the detainees and staff, and through informal interviews with staff and detainees which included questions related to their safety, the auditors were left with a sense that staff and detainees felt safe within the facility.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	1
Number of standards met:	34
Number of standards not met:	0

Number of Standards Exceeded: 1

Number of Standards Met: 33

* 34 total standards Met

*Also includes standards audited at the agency level

Number of Standards Not Met: 0

Summary of Corrective Action / Recommendations

Standard 115.141 Screening for Risk of Sexual Victimization and Abusiveness; The DDC utilizes a pre-booking questionnaire and asks additional questions during the booking process to ascertain this risk. Both the pre-booking questionnaire and the additional booking procedures contain information pertaining to the detainees' sexual safety and meets the minimum requirements for this standard; however, the initial pre-booking questionnaire has only one question pertaining to sexual safety. It was recommended that the facility consider adding the five provisions required in this standard to the pre-booking questionnaire to insure that this information is relayed to the detainees at the on-set of their stay at the lock-up. This recommendation was well received by the administration to include the PREA Coordinator. This auditor received the updated pre-booking questionnaire in English, Spanish and Arabic on 08-30-2018 and now captures all five provisions for compliance with this standard and is being retained for my records.

This auditor has determined compliance with this standard and will not be held in non-compliance.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.111	Zero tolerance of sexual abuse and sexual harassment
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Agency policy 03.03.140 Prohibited Sexual Conduct Involving Prisoners and the PREA Manual outline the agency approach to implementing the zero tolerance policy. Local operating procedures OP 03.03.140 outlines the facility's approach to implementing agency policy covered by the agency policy and the agency PREA Manual. The auditor reviewed these documents in their entirety to determine compliance with provision. DDC supplied multiple documents including: Zero Tolerance PREA Policy/Procedure, MDOC Policy Directive Prohibited Sexual Conduct involving Prisoners 03.03.140. Each policy provides clear and concise directions to staff regarding Zero-Tolerance.</p> <p>Under recent revisions in 2016, agency policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS serves to establish the agency's zero-tolerance policy and outline the agency's approach to implementing the PREA standards. These revisions have been adopted throughout the Michigan Department of Corrections to include the DDC. This was verified through interviews with the Deputy Warden and the PREA Coordinator.</p> <p>The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards that were previously covered by network policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. The agency PREA Manual supersedes all policies that were issued prior to its issue in April 24, 2017. PREA manual has been reviewed by this auditor.</p> <p>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 detainees, human resource decision making processes, staffing plans, management rounds, facility and technological upgrades, contracting for the confinement of inmates/detainees, 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>(b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>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 during an interview with the agency PREA Administrator that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. Through an interview with the PREA Coordinator, the position provides adequate time and authority to coordinate the</p>

facility's efforts to comply with PREA standards. According to the organizational chart, this position reports directly to the deputy warden who reports to the Warden. The PREA Coordinator is also an investigator at the facility and reported that she devotes all additional time to PREA related issues within the facility.

MDOC designates a PREA Analysts in each Area (Northern, Central, & Southern) and a designated PREA Coordinator at each facility. The Central PREA Analyst is Wendy Hart and the PREA Coordinator at the DDC is Inspector Elvira Chapman.

115.112	Contracting with other entities for the confinement of detainees
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>(a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>The DDC has a memorandum of understanding with the Detroit Police Department (DPD) for occupancy on the premises however, the DPD is not involved in the confinement of the detainees at the DDC. The DPD is charged with initial intake of detainees brought to the DDC by DPD arresting officers and Michigan State Police (MSP) and control of public access to the DDC lobby. After processing and pat search of the detainee, the arresting officers escort the detainees to building 500 and relinquish custody of the detainee to the DDC security staff for the pre-booking process. All DPD staff are trained in PREA per the MDOC and the DPD also has a zero tolerance policy within their Standard Operation Procedures (SOP's) which were reviewed by this auditor. The DDC has exceeded this standard by requiring the DPD to be PREA trained even though the DPD is not charged with the confinement of the detainees.</p> <p>(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>This substandard is also N/A due to the DPD not having any involvement in the confinement of the detainees.</p>

115.113	Supervision and monitoring
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 488">(a) The PREA Manual outlines staffing plan criteria to include the minimum considerations 1-11 outlined in the PREA Standards. The lock-Up standards require only four of the 11 criteria for compliance with this standard. The DDC is utilizing the four required criteria and goes over and above the requirements by using an addition four factors for a total of eight.</p> <p data-bbox="252 539 1453 913"> <ul style="list-style-type: none"> (1) Generally accepted detention and correctional practices; (2) Any findings of inadequacy from internal or external oversight bodies; (3) All components of the facility’s physical plant (including “blind-spots” or areas where staff or detainees may be isolated); (4) The composition of the inmate population; (5) The number and placement of supervisory staff; (6) Any applicable State or local laws, regulations, or standards; (7) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (8) Any other relevant factors. </p> <p data-bbox="252 965 1477 1171">The eight factors enumerated within provision (a) of the standard are taken into account when developing the staffing plan for the DDC. The facility-staffing plan, dated for 2015 and an annual staffing review dated February 28, 2018 verifies that eight factors within provision (a) of the standard were used to formulate the facility-staffing plan. The staffing plan was reviewed by this auditor in determining compliance with this standard.</p> <p data-bbox="252 1223 1477 1339">Interviews with the Warden and PREA Coordinator reveal that no recent modifications were made to the staffing plan. However, it was noted that during the last review, additional camera placement was requested for enhanced security and is currently submitted for approval.</p> <p data-bbox="252 1391 1477 1597">Review of the staffing plan prepared by the administrative facility staff includes video monitoring systems review, the eight criteria within provision (a), number and placement of supervisory staff, unannounced rounds, number and placement of corrections officer staff , and interviews with the PREA Coordinator and Deputy Warden, demonstrates compliance with provision (a) of the standard.</p> <p data-bbox="252 1648 1477 1727">(b) The PREA Manual indicates “In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.”</p> <p data-bbox="252 1778 1442 1984">According to the pre-audit questionnaire and interviews with the Deputy Warden and the PREA Coordinator, the DDC does not deviate from its staffing plan. The Deputy Warden stated that all posts are filled either through voluntary overtime or mandated overtime. Staff either volunteer or are mandated to remain at their posts on overtime to fulfill the facility’s staffing plan.</p> <p data-bbox="252 2036 1442 2152">During the on-site portion of the audit, the auditor observed the use of overtime to ensure posts were filled. A 3rd shift security staff member was mandated to fill a 1st shift call off on the first morning of the audit. Interviews with the Deputy Warden and the auditor’s</p>

observations and interviews with staff who have worked overtime confirm the facility staffing plan is complied with to demonstrate compliance with provision (b) of the standard.

(c) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

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

A Copy of the 2015 Staffing plan was supplied to this auditor with signed confirmation that the PREA Administrator had reviewed. Additionally, the PREA Annual Staffing Plan Review dated February 28, 2018 form CAJ-1027 was supplied for review. The review included a thorough review of the facility staffing plan based on internal agency operational audit reports to determine operational compliance with factors similar to ACA standards.

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

(d) If vulnerable detainees are identified pursuant to the screening required by § 115.141, security staff shall provide such detainees with heightened protection, to include continuous direct sight and sound supervision, single-cell housing, or placement in a cell actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is determined to be feasible.

According to the pre-audit questionnaire which indicated the use of single cells for vulnerable detainees, interviews with two (2) youthful offenders whom were housed in single cells with camera coverage (both youthful detainees felt comfortable and had no issues concerning their safety. They both stated that they have not been bothered by any other detainees since their arrival.) , During the site review of the housing units, it was verified that single cells are utilized for vulnerable detainees, informal interviews with security staff confirm that vulnerable detainees are placed in cells with camera coverage for added observation and safety. The cells that are used for vulnerable detainees are in close proximity of the officers work area for direct site and sound observation of the detainee. The DDC has demonstrated compliance with provision (d) of the standard.

115.114	Juveniles and youthful detainees
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Juveniles and youthful detainees shall be held separately from adult detainees.</p> <p>Detainee rosters were provided along with 2 (two) youthful detainee files for review. During the site review, this auditor observed that the 2 (two) youthful detainees are housed separately in camera equipped cells in close proximity to the officers station for added security. The youthful detainees were interviewed and confirmed that they have been separated from the adult population since their arrival. Both youthful detainees stated that they have had no issues during their stay at the DDC. Random Staff interviews also confirm that all youthful detainees are housed separately from the adult population. This auditor finds the DDC compliant with this standard.</p>

115.115	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The lockup shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>Policy 4.1.110 Search and Arrest in Correctional Facilities to include lockups and the PREA Manual establish procedures to limit cross gender viewing and were reviewed in determining compliance with provision (a) of the standard. Medical personnel who perform a body cavity search need not be of the same sex as the prisoner being searched. However, all other persons who are present during the search shall be of the same sex as the prisoner, and there always shall be at least one staff member present who is the same sex as the prisoner being searched. On the PAQ, the facility stated no cross gender strip searches or visual body cavity searches were conducted during this audit period. Informal interviews with security staff and administration confirmed that no cross gender strip searches or visual body cavity searches have been performed during this audit period. It was observed during the on-site review that no entries were made in the log books on either the male or female side of the housing unit in reference to this type of search.</p> <p>Policy 4.1.110 permits a supervisor of the opposite gender to be present during a strip search if a supervisor of the searched inmate's gender is not available or in an emergency situation. According to the PREA Resource Center's FAQ's, a facility should use a privacy screen or other similar device to obstruct viewing of an inmate breast, buttocks or genitalia in cases where supervisors of the opposite gender are present with the inmate being strip searched. A private area within the unit is available if a search of this nature would ever be necessary. Being a lock up facility, strip searches would only be performed in emergency situations.</p> <p>The facility PREA Coordinator and random staff interviews confirm that no cross-gender strip searches or visual body cavity searches were conducted to demonstrate compliance with provision (a) of the standard.</p> <p>(b) The lockup shall document all cross-gender strip searches and cross-gender visual body cavity searches. (review of records/log books confirmed that no searches of this kind have been performed)</p> <p>Agency policy 04.04.110 requires that a report be authored to the Warden of the facility by the end of shift when a strip search or visual body cavity search was conducted by or in the presence of an opposite gender employee. The PREA Manual directs that pat- searches of female inmates be conducted by female staff only.</p> <p>Interviews with , random staff and the PREA Coordinator confirm that any instance of this practice will be documented before the end of their shift and that no searches of this nature have been conducted during this audit period or since the opening of the facility in 2013. The DDC reported in the PAQ that no cross- gender strip searches or cross-gender visual body cavity searches were performed during this audit period.</p>

(c) The lockup shall implement policies and procedures that enable detainees 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.

03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS (updated effective 04/24/2017), the PREA Manual (updated effective 04/24/2017) This policy includes the following sections pertaining this standard; For facilities housing male offenders, female staff must announce their presence each time they enter a prisoner housing unit. Staff must knock on the most interior door and announce in a loud clear voice, "female(s) or male (s) in the area" and wait 10 seconds before entering.

For facilities housing female offenders, male staff must announce their presence each time they enter a prisoner housing unit. Staff must knock on the most interior door and announce in a loud clear voice, "male(s) in the area" and wait 10 seconds before entering. Also, at facilities housing female offenders, staff shall follow procedures outlined in WHV OP 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" and SAI OP 03.03.140 "Prohibited Sexual Conduct Involving Trainees (PREA)."

Privacy Notice Signs, Knock and Announce and photographs of toileting/showering facilities signs were reviewed pre-audit in determining compliance with provision (c) of the standard.

During the site review, this auditor observed that the facility has numerous Privacy Notice Signs, Knock and Announce signs displayed at entrances to the housing units, officer desks and in the bathroom areas of the housing units. The privacy signs give notice to the detainees rights in reference to their privacy while showering/undressing etc. and the possibility that staff of the opposite gender may be in the area, the knock and announce signs instruct staff of the opposite gender (from the detainee population) to announce their presence when entering a housing unit. Opposite gender staff announcements were made on all housing unit tours and staff waited a minimum of 10 seconds after making the announcement prior to entering the unit to afford time to ensure privacy. The shower and bathroom areas did have privacy curtains installed as well.

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

(d) The lockup shall not search or physically examine a transgender or intersex detainee for the sole purpose of determining the detainee's genital status. If the detainee's genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical

examination conducted in private by a medical practitioner.

The PREA Manual and 04.06.184 GENDER IDENTITY DISORDER (GID)/GENDER DYSPHORIA establish policy prohibitions against searching transgender inmates for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with provision (d) of the standard. The auditor notes that this terminology (GID) was amended at the agency level and, effective 06/26/2017, became known as GENDER DYSPHORIA and eliminated the term "Gender Identity Disorder" (GID).

Random and informal interviews during the audit tour lead this auditor to the conclusion that staff are aware of the prohibition against searching transgender inmates for the sole purpose of determining genital status. Random staff interviews confirmed that they were aware of the policy and described practices consistent with the knowledge that it is not part of their duties to search an inmate to determine genital status, furthering that such determinations are made prior to their interactions with the inmates.

Through formal and informal interviews with multiple ranks of staff, the auditor is confident that transgender and intersex inmates are not examined or strip searched for the sole purpose of determining genital status to find compliance with provision (d) of the standard. No transgender detainees were present during the audit.

Due to the DDC's low population at the time of the audit, there were no transgender or intersex inmates identified to be interviewed for this audit. The DDC confirmed that there were no transgender or intersex detainees being housed at the facility during the audit. Informal interviews with security staff on the units verified that no transgender or intersex detainees were present during the no-site audit. This auditor did not observe any detainees that fit into this category.

(e) The MDOC (DDC) staff are 100% trained in cross-gender and intersex detainee searches. The Detroit Police Department (DPD) do not perform cross-gender or intersex searches. Only DDC staff will perform this type of search if and when necessary. Random staff interviews confirmed that they have received the proper training. Training records were also reviewed for compliance for this provision of the standard.

The DDC reports that there have been no cross-gender and intersex searches during this audit period. Interviews with security staff on the unit and no entries of said searches also confirm that no searches of this nature have been performed during this audit period. This auditor finds compliance with provision (e) of the standard.

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

limited to: reading materials to the offender, reading materials to offenders via the Language Unlimited Service, providing them translated materials, or materials in Brail.

One detainee identified as disabled (brain injury) was interviewed, it was determined that this detainee felt comfortable identifying limited reading skills, physical disabilities, and cognitive disabilities to the security staff during the pre-booking process. The interviewee indicated that staff would sit with them, read the materials, and answer questions if necessary to ensure that they could utilize the information. This detainee was the only detainee that was identified as having a disability and available for interview during the on-site portion of the audit.

During the detainees interview, he relayed that he was able to understand what was being said during the pre-booking process and was informed that if he needed assistance, he would be afforded that assistance. Unit staff also reported that when requested, detainees are afforded this assistance.

(c) The agency shall not rely on detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under § 115.164, or the investigation of the detainee's allegations.

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

The Department may rely on prisoner interpreters, prisoner readers, or other types of prisoner assistants only in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the prisoner's safety, the performance of first-response duties as outlined in this manual, or the investigation of the prisoner's allegations. The DDC utilizes the ASL Interpreting Service when needed.

Random Staff Interviews, Administration Interviews, disabled detainee Interview, and random detainee interviews produced evidence that staff and offenders alike knew that inmate interpreters were not to be used unless exigent circumstances existed. It should be noted that no one interviewed indicated that they had ever witnessed, conducted, or requested that an inmate interpret for any investigation. The facility has not had any PREA abuse or harassment allegations.

This auditor concludes that the DDC demonstrates compliance with this standard.

115.117	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.117 (a) through (h)</p> <p>The PREA Manual- Promoting Current Employees- Contractors.</p> <p>Before enlisting the services of any contractor who may have contact with prisoners, the Department shall perform a criminal background records check.</p> <p>The Department shall not enlist the services of any contractor, who may have contact with prisoners, who:</p> <ol style="list-style-type: none"> (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging in, attempting to engage in, or conspiracy to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in (2). <p>Incidents of sexual harassment shall be considered in determining whether to enlist the services of anyone who may have contact with prisoners.</p> <p>DDC provided sample documentation showing the most current LEIN background checks for onsite DDC employees. All corrections officers have yearly clearance checks prior to range qualification. The most recent LEIN checks for all contact staff was performed on 06/26/2018.</p> <p>Contractor/Volunteer LEIN checks are performed each year and are up to date. Validation of this process was provided to this auditor during the on-site portion of the audit.</p> <p>This Standard was additionally audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.</p> <p>The employment screening policy 02.06.111 and PREA Manual clearly prohibit hiring and promoting staff who have engaged in the behavior noted within the standard. Corrections Officer job postings, application questions and a promotional application for Sergeant were provided as proof to demonstrate the agency considers these factors for hiring and promotional decisions. The agency Central Office is responsible for conducting the hiring and background screenings of correctional officers.</p> <p>Agency policy 02.06.11 and an application for employment were reviewed. 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. Sample applications for a new hire and promotion were reviewed. Both employment</p>

application materials demonstrate consideration of incidents of sexual harassment in the hiring process.

02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for hiring. A review of policy and the interview with Human Resource staff confirms that the individual facilities are not responsible for conducting background checks of custody staff. This function is completed at the agency level by central office staff.

The agency and individual facilities share the role of conducting background checks on contractors who may have contact with inmates. Some contractors are hired through Central Office and their background checks are completed at the agency level, while individual contractors may be screened locally at the facility. According to policy 02.06.111 EMPLOYMENT SCREENING, the PREA Manual and staff interviews, 5-year LEIN checks are completed by the records supervisor in June of designated years for each individual facility where the contractor or employee is located. Documentation was received from two facilities to verify this practice.

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

02.01.140 HUMAN RESOURCE FILES, 02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for provision (h) of this standard. The DDC had no requests from outside agency requests for such information on former employees. These requests would be processed at the agency central office level if applicable. The facility demonstrates compliance with this standard.

115.118	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The DDC was opened on August 1, 2013. The buildings were previously part of the Mound Correctional facility which was closed in January 2012. Building 500 which is the only housing unit in operation on the facility property was slightly modified for the purposes of being a lockup. The dayroom areas were converted to holding cells, cameras were placed in any areas that were perceived to have blind spots for detainees and staff safety. No modifications have been made over the past 12 months. Administration interviews confirmed that if there are any safety concerns in reference to possible blind spots or safety issues reported by staff, these concerns are dealt with accordingly for possible new camera or mirror placement to assist in the safety of the detainees and staff.</p> <p>(b) The original camera and video monitoring placement was considered at the inception of the lockup in 2013. No modifications have been made over the past 12 months. All cameras have a retention schedule of 30 days. Additional camera placement plans are in place, installation should begin September 2018. This auditor found no areas of concern during the facility site review. The strategic deployment of video monitoring technology and round reading technology (pipe system) demonstrates the agency and facility dedication to compliance with provision (b) of the standard. Staff interviewed reported that the mandatory security rounds are performed as per DDC policy. Log book entries were observed by this auditor to confirm rounds are being made on a regular basis.</p>

115.121	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) MDOC curriculum on Crime Scene Management and Preservation is utilized to train staff in evidence collection protocols. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials.</p> <p>During interviews with facility medical staff and investigators, this auditor was informed the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. The agency's protocol, which is outlined in the PREA Manual and Crime Scene Management and Preservation Training Manual, demonstrates that the agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene by securing the area from any further contamination. These procedures allow for the criminal investigative agency, Michigan State Police (MSP), to maximize the collection of available evidence within the crime scene. Forensic examinations are conducted at by SAFE/SANE examiners at the Detroit Receiving Hospital.</p> <p>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 this standard.</p> <p>(b) Uniform evidence is covered in the Crime Scene Management and Preservation and Basic Investigator trainings. This auditor has reviewed the Unites states department of Justice protocol for sexual assault medical forensic examinations for adults/adolescents, the trainings fall in line with the points stated in this protocol for compliance with this provision. Both training manuals were reviewed by this auditor in determining compliance with provision (b) of this standard. Training materials cover the necessary technical details to aid first responders in preserving available evidence prior to the arrival of a law enforcement agency. Training materials within the PREA Resource Center , https://www.prearesourcecenter.org/file/1969/specialized-training-investigating-sexual-abuse-confinement-settings were reviewed.</p> <p>(c) MDOC PREA Manual and Policy Directive 03.04.100 Health Services section UU. Both call for Forensic Examinations to be conduct by SAFE/SANE nurse examiners if abuse occurred in 96 hours or less, or where forensic evidence may be present. If SAFE/SANE nurse examiner is not available the examination can be performed by another qualified medical practitioner and documentation will be maintained of the Departments efforts to secure a SAFE/SANE examination. The manual and policy both require that the exam shall be without financial cost to the prisoner/detainee. Interviews with medical staff and facility administration verify compliance with this standard.</p> <p>(d) This auditor spoke with the Associate Program Director, Erin Ivaniszyn from the on-call safe/sane and victim advocate office for Wayne County and was provided with the following</p>

information; A SAFE/SANE nurse and victim advocate is available 24/7 through a paging system that is used at the emergency room at the Detroit Receiving Hospital. This office covers all of Wayne county hospitals and clinics if needed.

(e) The PREA Coordinator expressed that a detainee transported to an outside hospital for a safe/sane examination for sexual abuse is afforded a victim advocate (one detainee was transported for examination and offered advocate services in the 12 month audit period). These advocates are available at the Detroit Receiving Hospital. If for some reason one is not available, the DDC has four (4) staff members trained in victim advocacy available for this purpose. The staff have completed the Office of Victims of Crime, Training and Technical Assistance Center Core Competencies and Skills Courses (13 Sections) and Incarcerated Victims of Sexual Violence training (60 minute course). Training rosters and materials were provided and reviewed to the auditor's satisfaction. Completion of the training delivers an awareness of the specialized knowledge required to provide support to a victim of sexual abuse consistent with provision (d) of this standard. Support documentation confirms the availability and acceptance of a victim advocate for emotional support/crisis intervention with the advocates telephone number provided. This auditor did call the number provided and spoke with the coordinator of safe/sane and a victim advocate. The victim advocates are on call 24/7 if needed.

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

Informal interviews with DDC investigators and administration confirm that the MSP is contacted by the DDC and responds to the location of the incident for the collection and preservation of any available evidence and to secure the crime scene.

115.122	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 618">(a) MDOC Policy Directive 01.01.140 Internal Affairs- directs that all allegations of abuse and harassment be referred to the Internal Affairs Division Manager to be assigned for investigation by the inspectors at the facility (criminal investigations are referred to the Michigan state Police or local law enforcement). Additionally, the Internal Affairs Manager shall also coordinate the investigation of all cases under the jurisdiction of Internal Affairs Division which are referred to the Michigan State Police or local law enforcement agency for criminal investigation.</p> <p data-bbox="252 667 1477 790">MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation.</p> <p data-bbox="252 840 1417 918">MDOC PREA Manual states that “All prisoner-on-prisoner sexual abuse, staff-on-prisoner sexual misconduct and staff-on- sexual harassment allegations ...shall be...investigated.”</p> <p data-bbox="252 967 1474 1348">Review of the PAQ reports seven (7) allegations of Sexual Abuse and Sexual Harassment during the past 12 months. All administrative and/or criminal investigations were completed. A copy of all seven (7) investigations were requested, reviewed and retained by this auditor. All seven (7) investigative reports are entered into the confidential Automated Investigation System (AIM) utilized by the MDOC. Of the seven (7) investigations, six (6) of them were allegations of sexual assault and one (1) allegation of sexual harassment, all were referred to the Michigan State Police (MSP) for investigation. An additional investigation was reviewed; this investigation was an allegation of verbal sexual harassment. This investigation was found to be unsubstantiated and was not referred to the MSP.</p> <p data-bbox="252 1397 1485 1599">An interview with the agency head’s designee confirms that all allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and interviews with the agency head's designee and the DDC PREA Compliance Coordinator (investigator) confirm that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities.</p> <p data-bbox="252 1648 1485 1771">(b) MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation.</p> <p data-bbox="252 1821 1414 2033">MDOC PREA Manual states that “...staff shall ensure all allegations are referred to the appropriate law enforcement agency...for criminal investigation in conjunction with the Department’s administrative investigation. Referrals to law enforcement shall be documented...” “...the Department shall ensure that all Sufficient Evidence/Substantiated investigations that appear to be criminal are referred for prosecution.”</p> <p data-bbox="252 2083 1437 2157">PREA Policy and Directives are published at http://www.michigan.gov/corrections/0,4551,7-119-1409---,00.html under hyperlink Policy Directives</p>

http://www.michigan.gov/corrections/0,1607,7-119-1441_44369---,00.html

The auditor visited this web site for review. This site contains hyperlinks to many of the MDOC/DDC policies and procedures to include Internal Affairs, Organization and Responsibility, Budget, Inspections, Auditing and Reporting, Human Recourses, General Operations, Institutional Operations, Placement and Programs, Field Operations and Directors Office Memoranda.

All referrals are documented as per policy. Review of investigations and interviews with investigative staff confirm that the DDC is compliant with this standard. Two investigators were interviewed, the investigators stated that following an allegation of sexual abuse or sexual harassment, an investigation is initiated within 24 hours if not immediately. Referrals for investigations of sexual abuse or sexual harassment that involve criminal behavior are made to the Michigan state Police or the Detroit Police Department. Of the eight investigations completed during the last 12 months, seven were documented and referred to the Michigan State Police for criminal investigation. One of these investigations involved staff on detainee alleged sexual assault and the other six involved prisoner on prisoner sexual assault. The remaining investigation was an allegation of verbal sexual harassment, was unsubstantiated due to lack of evidence, and not referred to the MSP. Review of investigations and interviews with investigative staff confirm that the DDC is compliant with this standard.

115.131	Employee and volunteer training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The agency's PREA Manual, PREA training curriculum "PREA: Sexual Abuse and Sexual Harassment in Confinement", computer based training modules for PREA and training reports were reviewed in determining compliance with provision (a) of the standard. A review of these materials provides a robust explanation of all 6 points required by this standard. The training curriculum is provided as part of an employee's initial 320 Hour Corrections Training Program, which is completed prior to an employee assuming duty. Computer based training is provided for existing employees and contractors through two detailed training modules. This training is also repeated annually as part of the facility's in-service training requirements. Facility training record samples to include the six-months prior to the audit demonstrate that all custody staff have completed the annually required training modules to that point. Informal interviews with staff during the audit tour confirm that individuals are well informed of all ten factors required by the employee training standard. All staff who were randomly interviewed were able to clearly describe elements from the training to demonstrate knowledge of the factors required by the standards in compliance with provision (a).</p> <p>(b) The DDC provided ample documentation that was reviewed by this auditor to verify that staff and volunteers 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. Interviews with administration, random staff and contracted staff that have contact with detainees confirm that this training is provided. Training records also verify this training to be in compliance with this standard.</p> <p>(c) All staff to include contractors sign a training sign off form that confirms the training was received and understood. Interviews with DDC staff and contracted staff confirm this process. PREA training sign off forms have been reviewed by this auditor and are in compliance with this standard.</p>

115.132	Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) All detainees are notified of the zero tolerance policy regarding sexual abuse and sexual harassment. Review of randomly selected detainee intake files confirm that this information is provided along with the detainee's signature on the pre-booking questionnaire. Interviews with random detainees confirm that this information is being relayed to them along with pointing out the PREA signage throughout the units.</p> <p>(b) Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. Just as employees, contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge they could be a first responder. Interviews with staff confirmed that they are provided this training.</p> <p>An informal interview with the PREA Coordinator confirmed that the training procedures enumerated within policy are applied in practice with facility volunteers and stated that, in addition to the zero-tolerance policy and reporting procedures, volunteers are given information about respectful interactions with transgender inmates, physical boundaries and overfamiliarity. 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>

115.134	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 618">(a) The agency has a Basic Investigator Training manual that was reviewed by the auditor. This manual provides additional, specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. Training records were provided to confirm that five (5) active staff at the DDC completed the agency's training. In addition to the agency's Basic Investigator Training, training records confirm that all five (5) staff completed the NIC specialized investigator's training in satisfaction of provision (a) of the standard.</p> <p data-bbox="252 667 1469 745">Interviews with two (2) investigative staff also confirm that this training has been provided and completed. Training records were also reviewed by this auditor to confirm completion.</p> <p data-bbox="252 795 1485 1003">(b) An investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations.</p> <p data-bbox="252 1052 1485 1216">Interviews with DDC Inspectors indicated that they were trained and that the investigation training was limited to Administrative investigations. The Michigan State Police will conduct any criminal investigation if criminal findings are discovered. The MDOC Inspectors are trained using curriculum Crime Scene Management and Preservation.</p> <p data-bbox="252 1265 1406 1388">Zero Tolerance/ PREA requires specialized training be provided for employees who may respond, to reported incidents of sexual assaults. This policy requires Crime Scene Management and Evidence collection protocol.</p> <p data-bbox="252 1438 1465 1686">The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution. In addition to the agency's Basic Investigator training, Investigative staff interviewed have participated in the NIC specialized investigator's training to provide additional information on the required standard topics. A review of training materials and training records for facility investigators demonstrates compliance with provision (b) of this standard.</p> <p data-bbox="252 1736 1481 1944">(c) 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 five (5) active employees have completed the Basic Investigator Training. Training records were provided to confirm that all five (5) investigators also completed the NIC specialized investigator training in satisfaction of provision (c) of the standard.</p>

115.141	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.141 (a) is not applicable for this audit. Detainees are housed overnight for up to a 72 hour period, the average stay of a detainee is 43 hours.</p> <p>(b) All detainees are screened utilizing a pre-booking questionnaire which includes areas of medical concerns, mental status and any safety concerns that the detainee may have. DDC operating procedures for the booking process to include DDC OP 05.01.144A, 144E and 144C are used to determine the detainees age, charges, previous incarceration, sexual identity and health concerns. Interviews with random staff and detainees confirm that the screening process is being utilized. There were 17887 detainees processed and screened into the DDC over the past 12 months. Two male and two female detainee records packets were randomly selected and reviewed to assist in determining compliance with this provision. All four records confirmed that that this information is being collected during the intake process.</p> <p>(c) As stated in section (b), the detainees are asked about their sexual orientation and any concerns for their safety while being detained during the intake/booking process. Interviews with staff that perform detainee screenings, random staff, and targeted detainees confirm that they are given the opportunity to express their perception of vulnerability. All security staff on the unit reported that they are trained to perform the screening.</p> <p>(d) All detainees are screened utilizing a pre-booking questionnaire and booking process which includes areas of medical concerns, mental status and any safety concerns that the detainee may have. DDC operating procedures for the booking process to include DDC OP 05.01.144A, 144E and 144C are used to determine the detainees age, charges, previous incarceration, sexual identity and health concerns. Interviews with staff that perform detainee screening, random staff and detainees and review of four randomly selected detainee arrest reports/intake files and input sheets confirm that the screening process is being utilized.</p>

115.151	Detainee reporting
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 784">(a) Policy 03.03.140, the PREA Manual, Prisoner Guidebook, Sexual Abuse Poster (advertising the sexual abuse hot line) and the PREA brochure were reviewed by the auditor in determining compliance with provision. All provide information to advise inmates/detainees 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 (request form) and directly to the Michigan State Police. This auditor conducted a test call to the PREA hot line (877-517-7732) to confirm its availability to the detainee population, facility staff and the public. A detailed automated voice mail was observed and contained information for detainees, staff and the public to report their concerns of sexual safety. A follow-up email was generated to this auditor from the DDC PREA Coordinator verifying the receipt of my telephone call.</p> <p data-bbox="252 840 1476 1041">During the facility site review, this auditor took note that there were adequate postings in all common areas, housing units, near phone banks, and on bulletin boards throughout all areas. Detainees interviewed indicated that they had received the information in the form of brochures and noted receiving direction on where to find the information throughout the facility.</p> <p data-bbox="252 1097 1468 1299">Most detainee interviewees indicated that they felt comfortable going to the staff directly and using the Kite system (detainee request form) to report any unwanted behaviors toward them or others. Detainees 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. Random staff interviews indicated that detainees would approach them for assistance if there were an issue of abuse.</p> <p data-bbox="252 1355 1476 1859">(b) Policy 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by the auditor, confirm that reports of sexual abuse and harassment may be reported outside the agency to the Legislative Corrections Ombudsman. This organization is a nonpartisan legislative agency that was created by the Michigan Legislature by Public act 46 of 1975 to investigate administrative acts of the MDOC that are alleged to be contrary to law or department policy. 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. During an interview with the facility PREA Coordinator, she identified that the facility uses the Legislative Ombudsman to take and forward reports of sexual abuse and sexual harassment at the facility.</p> <p data-bbox="252 1915 1468 2150">The facility provided documentation of investigatory referrals that originated with allegations being made to the Legislative Ombudsman. Detainees were also aware of a phone number (PREA Hotline) to make reports to an outside agency. Detainees were aware of their ability to make anonymous reports. During the site review, detainees who were informally interviewed were well aware of the reporting hot-line and their ability to make anonymous written reports. However, it is published within the prisoner guidebook to sufficiently demonstrate compliance</p>

with provision (b) of the standard.

(c) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: W. Prisoners may report allegations of conduct prohibited by this policy, including threats of such conduct and retaliation for reporting such conduct... If reported verbally to an employee, the employee shall document it in writing as soon as possible and report it to appropriate supervisory staff.

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

During the onsite portion of the audit, facility investigations were reviewed and demonstrated that the facility accepts reports that were made verbally, in writing (via grievance or other note) and from third parties. Through informal interviews during the audit site review, 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.

(d) During a review of facility investigations, the auditor noted ample documentation to confirm that staff did act upon reports received from detainees and reported PREA allegations through the facility's chain of command. Random interviews of staff confirmed they were aware of private means to report and identified the hot-line, direct reports to the PREA Coordinator, administrative staff at the facility or the PREA Administrator (Manager) in Lansing as their methods to privately report sexual abuse and sexual harassment of detainees consistent with provision (d) of the standard.

115.154	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) Review of the Sexual Abuse reporting poster, the online reporting form and interviews with random detainees (most detainees felt comfortable to report abuse to a family member), 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, access the agency's on-line reporting form, contact facility staff directly and file PREA grievances. PREA hot-line records and grievances were reviewed to assist in determining compliance with this standard. This auditor finds the DDC in compliance with provision (a) of the standard.

115.161	Staff and agency reporting duties
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 701">(a) Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by the auditor, confirm that staff are required to report all elements denoted within provision (a) of the standard. The facility provided five pre-audit samples to confirm that staff took reports of sexual abuse from inmates used to initiate investigations. Formal and informal staff interviews during the audit site review 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. Staff reiterated that they would separate, contain and report any instance of sexual abuse or sexual harassment immediately.</p> <p data-bbox="252 757 1474 1081">(b) Policy 03.03.140, local procedures 03.03.140 and the PREA Manual, which were reviewed by the auditor, contain distinct prohibitions against sharing any information received from a sexual abuse report, consistent with provision (b) of the standard. The only acceptable disclosures are relative to investigative, treatment, security and management decisions. Agency policy and random interviews with selected staff confirm that individuals within the facility are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse to demonstrate compliance with provision (b) of the standard.</p> <p data-bbox="252 1137 1481 1346">Random interviews with Staff and Administration indicated that all were aware of the sensitivity of sexual abuse/harassment information and requirements to maintain confidentiality regarding reports/information received. Staff also indicated that they were aware that the information was not to be shared amongst other staff members unless there was a specific need to know that was approved by a supervisor.</p> <p data-bbox="252 1402 1465 1686">(c) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: CC. The facility shall report any allegations of alleged victims under the age of 18 or who are considered a vulnerable adult under a state or local vulnerable person’s statute to the PREA Administrator. After the PREA Administrator receives the reported allegations, she/he will forward the allegations to the appropriate agencies. DDC reported that there were no instances of this nature during the audit period. Interviews with the PREA Coordinator and DDC administration confirmed compliance with provision (c) of the standard.</p> <p data-bbox="252 1742 1485 2157">(d) Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (e), direct that all reports of sexual abuse and sexual harassment are brought to the attention of the appropriate supervisory staff and subsequently referred for investigation. A review of investigation files by this auditor confirms that this practice is carried out within the facility and the facility provided an example of a 3rd party allegation. Investigative reviews provided adequate examples of written, verbal, staff suspicion, grievance and 3rd party allegations that were immediately forwarded to the attention of investigatory staff. An interview with the Deputy Warden and the PREA Coordinator confirm 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</p>

compliance with provision (d).

115.162	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The Deputy Warden and interviews with security staff confirms that action is taken immediately by the facility to protect inmates. The Deputy Warden is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims. An interview with the Deputy Warden confirms that the facility takes immediate action on a case-by-case basis due to the short stay of the detainees to determine what measures are required to ensure the safety of each detainee. All random staff interviewed recognized their need to take immediate action to protect inmates from victimization.</p> <p>Random Interviews with Staff, detainees, and Administration indicated that immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender. Detainees indicated that they would feel comfortable reporting fear of sexual violence towards them or others to staff in the immediate areas. The DDC demonstrates compliance with this standard.</p>

115.163	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. The recently updated (2016) 03.03.140 corrected a previous policy deficit and now specifies that allegations must be forwarded by the facility head to facilities outside of the Department, making the agency policy compliant with provision (a) of the standard. The Deputy Warden and the PREA Coordinator (investigator) confirmed that this policy is followed in its entirety.</p> <p>(b) Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution within 72 hours, however, these reports would be made immediately due to the short stay of the detainees. The example reports provided post-audit and reviewed by the auditor, and interviews with the PREA Coordinator and Administration were sufficient to determine compliance with provision (b) of the standard.</p> <p>(c) 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 DDC reported two (2) occurrences during this audit cycle which were investigated and reviewed by this auditor and is in compliance with provision (c) of this standard. These reports were reviewed by this auditor and show compliance with this provision.</p> <p>(d) 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 PREA Manager and the Deputy Warden both confirm that allegations received from other confinement facilities are properly investigated. The facility reports on the PAQ, through interviews with the facility PREA Coordinator and through the auditor's review of facility investigations that there were two (2) notifications in reference to this provision. These notifications were investigated as per policy and this provision of the standard. This auditor did review the investigations mentioned above for compliance.</p>

115.164	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) & (b) The PREA Manual- Response to Reported/Detected Sexual Abuse- First Responder Duties was reviewed and reads in part: Upon learning of an allegation that a prisoner was sexually abused, the first staff member to respond shall be required to take action as follows:</p> <p>Non-custody staff shall immediately notify his/her chain of command for a referral to the Inspector. The non-custody staff member shall also request that the prisoner victim not take any action that could destroy potential physical and/or forensic evidence. Interviews with medical staff confirm that they would immediately notify their supervisor and follow procedures in reference to evidence preservation.</p> <p>Custody staff shall:</p> <ol style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if applicable; (3) If the abuse is alleged to have occurred within the past 96 hours, request that the victim and ensure that the abuser not take any action that could destroy potential physical and/or forensic evidence including but not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. <p>Random Staff interviews to include a first responder (security staff), and medical staff indicated that staff were aware of their responsibility regarding their response. Staff members were asked to elaborate on what they would do if they came upon a sexual assault situation in the lock-up. Most responses were very similar as to what they would do in this situation; separate the involved parties, preserve evidence as best they can, stay with victim until relieved, not let them shower, brush teeth etc., report to supervisor, and complete a written report before the end of their shift.</p> <p>Michigan Department of Corrections Sexual Violence Response and Investigation Guide was provided to this auditor and reviewed.</p> <p>This auditor finds compliance with this standard.</p>

115.165	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The document titled OP 03.03.140, which was reviewed by this 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 facility staff in a coordinated manner to find compliance with provision (a) of the standard.</p> <p>Interviews with Random Staff, and the Deputy Warden indicated that the facility is abiding by the policies and procedures outlined in the aforementioned paragraph. An interview with a first responder and her step by step account of her actions during a sexual abuse allegation also added to the finding of compliance with this provision.</p> <p>(b) If a victim is transferred from the lockup to a jail, prison, or medical facility, the agency shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. An Interview with the Deputy Warden conforms that this practice is in place if needed. The DDC reports in the PAQ and through interviews with the Deputy Warden that they have had no instances during this audit period. This auditor is confident that the DDC is in compliance with this standard.</p>

115.166	Preservation of ability to protect detainees from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level. This information was considered by this auditor in determining compliance with this standard.</p> <p>The MDOC's PREA Manual's language mirrors the language of the standard. A review of the seven collective bargaining agreements entered into on behalf of the agency since the effective date of the PREA standards, includes agreements with the Michigan State Employee's Association (MSEA), American Federation of State, County, Municipal Employees (AFSCME), Michigan Corrections Organization (MCO), Service Employee's International Union (SEIU)-Scientific and Engineering bargaining unit, Service Employee's International Union (SEIU)-Technical bargaining unit, Service Employee's International Union (SEIU)-Human Services Support Bargaining Unit and United Auto Workers (UAW)-Administrative Support Unit and Human Services Unit. All agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates. Specifically, when warranted, the employer may take actions that include suspension of an employee during the course of an investigation. This suspension may continue until the time where disciplinary actions are determined.</p> <p>An interview with the agency head's designee confirms that the agency maintains the right to assign staff, even in the case of such employee winning a bid position. There are no terms within the bargaining contracts that prevent the employer from removing staff for cause during an investigation to demonstrate compliance with provision (a) of the standard.</p>

115.167	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions was reviewed and reads in part: T. All prisoners and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation for reporting the incident or participating in the investigation.</p> <p>Agency policy 03.03.140 and the PREA Manual, which were reviewed by this auditor in determining compliance with 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 detainees. 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. Interviews with the Deputy Warden and staff charged with monitoring retaliation and the aforementioned policy allow the auditor to determine compliance with provision (a) of the standard.</p> <p>(b) Michigan Department of Corrections Memorandum: At the DDC, a variety of protective measures can be employed to protect inmate victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <ul style="list-style-type: none"> - Abusers (staff/detainee) would be removed from the facility - Housing assignments can be changed to increase staff monitoring of detainee victims and measures to protect detainee victims <p>Through informal interviews with the PREA Administrator (Manager), the 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 detainees 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. Staff and detainee interviews also relayed that they were aware of how to report any retaliation if needed.</p> <p>(c) Should retaliation be noticed, an investigation would ensue. The PREA Coordinator stated that retaliation monitoring takes place as long as the detainees is present and considers a wide array of factors. Monitoring is conducted by a review of factors enumerated under provision (c) of the standard and face-to-face meetings.</p> <p>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, in the lock-up, this would be for as long as the detainee is present. The agency and the facility monitor the detainee unless the allegation is</p>

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 if necessary. An interview with the Deputy Warden and staff charged with retaliation monitoring confirm that if retaliation is noticed, it is referred for investigation. Specific forms for monitoring retaliation are located within the investigation packets reviewed by this auditor.

(d) There were no reports of retaliation incidents during this audit period, however, Interviews with the Deputy Warden, PREA Coordinator and staff charged with retaliation monitoring indicate that the detainee would be protected by either relocating the detainee or relocating the abuser whether it be staff or an other detainee. This auditor finds the DDC in compliance with this standard.

(e) This provision is not required to be audited.

115.171	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners was reviewed and reads in part- DD. Investigations of prohibited sexual conduct shall be completed by staff who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly and objectively. All PREA investigations shall be conducted in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual.</p> <p>Michigan Department of Corrections Sexual Violence Response and Investigation Guide requires that “All investigations shall be conducted promptly, thoroughly and objectively.”</p> <p>All investigations reviewed by this auditor were found to be in compliance with this standard. They were conducted in a timely manner, were objective and very thorough.</p> <p>The PREA Manual- Reporting and Recording Sexual Abuse and Sexual Harassment Allegations- Staff Reporting: In accordance with PD 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the Department Employee Handbook, staff are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred involving a prisoner under the jurisdiction of the Department including third party and anonymous complaints. ... These reports may be made privately to the appropriate supervisory staff or through the MDOC Sexual Abuse Hotline or by completing a Department Sexual Abuse/Sexual Harassment Complaint form on the MDOC website. The MDOC Sexual Abuse Hotline and website Complaint form are available to staff, the public and third party complainants. Staff and detainees interviewed, are aware of the reporting mechanisms to report sexual abuse or harassment.</p> <p>The PREA Manual: When receiving any report of sexual abuse or sexual harassment, regardless of the source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for investigation. Interviews with staff confirm that they are aware of this procedure and follow its protocol.</p> <p>An interview with facility investigators indicated that investigations are required to be initiated within 72 hours of report; however, facility practice is generally much sooner than 72-hours, and mostly within the same day due to the short stay of the detainees. 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.</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</p>

evidence required to substantiate a case for administrative action or prosecution referral. The two (2) investigators interviewed, confirmed that they have received this training. Training records were also reviewed by this auditor and show compliance with this provision.

(b) Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- DD. Investigations of prohibited sexual conduct shall be completed by staff who have received specialized investigator training as outlined in the PREA Manual.

The DDC provided records, reviewed by the auditor in determining compliance with provision (b) of the standard, to demonstrate that it has eighteen (18) current investigators on staff who completed the MDOC's Basic Investigator's Training course. All eighteen (18) investigators also completed the NIC Specialized Investigator's course.

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

(c) MDOC curriculum is Crime Scene Management and Preservation. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials. The Basic Investigator Training "Interview and Investigation Techniques and Fundamentals" manual was provided for review. A sampling of investigative files were also provided for review, the facility demonstrates that it makes its best efforts to preserve evidence, whether that be in the form of video, shift rosters, log books, etc. The facility routinely demonstrated that it reviewed video evidence to disprove those allegations that did not occur and to substantiate elements of allegations that it could. Moreover, the facility used shift rosters to confirm the presence of staff in areas of the facility during the dates and times pertaining to alleged staff misconduct.

An interview with a facility investigator confirmed that it is practice for all parties to be interviewed and that investigations are not completed solely by questionnaire. Coupled with a recent change in agency policy that prohibits the use of investigative questionnaires without an interview for PREA investigations, the auditor is satisfied that the DDC conducts interviews as required by provision (c) of the standard and is in substantial compliance with provision (c) of the standard.

Interviews with DDC Investigators indicated that their investigations were limited to Administrative investigations. Michigan State Police will conduct any criminal investigation if criminal findings are discovered. The DDC Inspectors are trained using curriculum Crime Scene Management and Preservation. Training records were reviewed by this auditor.

(d) MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation. Investigations were reviewed and confirmed that this type of investigation was referred to the MSP.

MDOC PREA Manual states that "...staff shall ensure all allegations are referred to the

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

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

(e) 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 bases credibility "I base credibility on the detainees' mannerisms, their detailed description of the incident, eye contact, presentation of self and his gut feeling." He also indicated that truth-telling devices are not used in the investigatory process. A review of facility investigations revealed no use of truth-telling devices and individual credibility assessments were made consistent with the facts elicited, allowing this auditor to find compliance with provision (e).

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

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

The outcome of the investigation shall be documented in pertinent computerized database entry (ies) (AIM), including administrative findings and information related to the criminal investigation, including charges and disposition. The investigation shall be processed in accordance with applicable Manuals and Department policies. AIM entries were reviewed by this auditor, all investigations are stored in this electronic system. Only specified staff have access to this system for confidentiality.

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

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

The PREA Manual- Referral for Prosecution: Upon completion of the investigation and in accordance with policy, the Department shall ensure that all Sufficient Evidence/Substantiated investigations that appear to be criminal are referred for prosecution. The assigned

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

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

According to interviews with the PREA Administrator Coordinator and investigators, 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).

Through interviews with the PREA Coordinator, facility Inspectors and a review of investigations, this auditor confirms that, all allegations that were investigated by Michigan State Police during the audit period were reviewed for prosecution as required by provision (h) of the standard. The auditor reviewed agency policies 03.03.140 and the PREA Manual. A review of policy, coupled with an interview with the PREA Coordinator and a facility investigator; the auditor is satisfied that the DDC has sufficient procedures in place and has exercised those procedures to review allegations of criminal conduct for prosecution consistent with provision (h) of the standard.

(I) The PREA Manual: All investigative reports relating to sexual abuse allegations shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five years. Sample reports were reviewed and showed compliance with this provision.

Informal interviews with the PREA Coordinator, administrators and investigators verify that all investigative reports relating to sexual abuse allegations shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.

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

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (j), specifies that investigations will continue despite the departure of any alleged victim or abuser. A review of facility investigations produced no evidence that investigations were terminated due to the departure of a victim or an abuser.

Interviews with the Deputy Warden, PREA Coordinator, and investigators support the fact that facility staff are required to comply with outside investigators. The facility Inspector is the responsible party for ensuring coordination with the MSP. A review of investigatory documentation revealed email correspondence between the facility and MSP to demonstrate that the facility attempted to remain informed of a rape kit's status relative to the investigation, allowing this auditor to find compliance with provision (I).

115.172	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) The PREA Manual- Collective Bargaining: The Department, or another governmental entity on behalf of the Department, shall not enter into or renew any collective bargaining agreements that: (2) Imposes a standard higher than preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated;</p> <p>Basic Investigator Training: 1. Administrative-..., Preponderance of the evidence (in theory 51%) is the general principle that is used administratively.</p> <p>The PREA Manual and the Basic Investigator Training Manual, which were reviewed by the auditor in determining compliance with provision (a), specify that the agency's standard of proof is to be the preponderance of the evidence. Through a review of investigations, and interviews with investigators, there appears to be sufficient application of this standard to find compliance.</p>

115.176	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) 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. There have been no instances of termination during this audit period reported in the PAQ. Informal interviews with the Deputy Warden and PREA Coordinator confirm that no terminations have occurred in the past 12 months. The Human Relations (HR) department also report that no terminations of this nature have occurred during this audit period.</p> <p>(b) The staff sanctioning matrix was provided and reviewed by the auditor in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with provision (b) of the standard. There have been no substantiated instances of sexual abuse within the audit period to confirm agency practice. Based on policy provisions, interviews with Administrative staff and review of investigative files determining no substantiated instances of sexual abuse, the facility demonstrates it is in compliance with provision (b) of the standard.</p> <p>(c) The PREA Manual and staff sanctioning matrix was provided and reviewed by the auditor in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary actions consistent with provision (c). According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations. There were 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, interviews with administrative and review of HR records, the auditor determines compliance with provision (c).</p> <p>(d) Through the auditor's review of the PREA Manual, policy provisions exist to ensure that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, consistent with 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, interviews with administrative and review of HR records, the auditor determines compliance with provision (d).</p>

115.177	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Under agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor and considered in determining compliance with provision (a) of the standard, both contractors and volunteers are held to the same standards as employees directly hired by the agency when it comes to disciplinary action for engaging in sexual abuse and sexual harassment. Therefore, any contractor or volunteer engaging in these behaviors would presumptively be terminated or barred from the facility.</p> <p>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). The DDC reported that there have been no instances of any contractors or volunteers terminated or barred from the facility. Informal interviews with the Deputy Warden, HR staff and the PREA Coordinator confirm this information as well.</p> <p>(b) The PREA Manual contains specific language to provide consideration for terminating contractors and prohibiting further contact with detainees in the case of any other violation of Department sexual abuse and sexual harassment policies, consistent with provision (b) of the standard. An interview with the Deputy Warden and the PREA Coordinator confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from the facility.</p> <p>Michigan Department of Corrections Memorandum- "Investigation of Contractual Employees" outlines additional checks and balances to manage Contractual employee investigations.</p> <p>This auditor is confident that the DDC adheres to the aforementioned policy and is in compliance with this standard.</p>

115.178	Referral for prosecution for detainee-on-detainee sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Policy 03.03.105 and attachments A and D along with the MDOC PREA Manual and investigative files were reviewed and interviews were conducted with the PREA Coordinator and Deputy Warden to confirm compliance with this provision of the standard. There has been one (1) instance of probable cause of detainee on detainee sexual abuse . This was referred to the prosecutors office. The detainee who was abused refused to cooperate with the investigation and the prosecutor declined to prosecute according to the investigation reviewed by this auditor.</p> <p>(b) (c) 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. An informal interview with the PREA Coordinator (investigator) confirms that any outside investigation entity will be informed of this policy and that any State entity or Department of Justice component that is responsible for investigating allegations of sexual abuse in lockups shall be subject to this requirement.</p>

115.182	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) 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 medical staff confirm that a response occurs within 24 hours of an allegation of sexual abuse and that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner.</p> <p>Random Staff, Administration, and Medical Contractor interviews indicated that if any offender has a medical or mental health emergency they are transported to the local emergency room at the Detroit Receiving Hospital (SAFE/SANE and victim advocates are available). This auditor determines compliance with provision (a) of the standard.</p> <p>(b) 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. Interviews with the Deputy Warden and DDC inspectors (investigators) verify this standard. Random security staff interviews confirmed that detainees are given immediate access to medical attention when needed. This auditor determines compliance with provision (b) of the standard.</p>

115.186	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The auditor reviewed the PREA Manual, which establishes the requirement that form CAJ-1025 be completed to document the Sexual Abuse Incident Review for allegations of sexual abuse that are substantiated or unsubstantiated. Reviews of all investigations during this audit cycle at the DDC determined that a sexual abuse incident review was completed in all sampled investigative files to demonstrate substantial compliance with provision (a) of the standard.</p> <p>The facility PREA Coordinator shall coordinate a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation was determined to be No Evidence/Unfounded. Such review shall generally occur within 30 calendar days after the conclusion of the investigation. The review team shall include upper-level custody and administrative staff, with input from relevant supervisory staff, investigators, and medical or mental health practitioners or others as appropriate. Informal interviews with investigative staff and medical staff relayed that they have been part of this review team as needed.</p> <p>(b) Through review of investigative reports and incident review documentation, the DDC has demonstrated compliance with provision (b) of the standard. Informal interviews with the Deputy Warden and the PREA coordinator also confirmed that the reviews are completed within 30 days. This auditor reviewed a sampling of these documents and found them to be in compliance with this provision.</p> <p>(c) In sampled incident reviews, the auditor notes that the facility did involve upper-level managers, generally including the Deputy Warden, Inspector (PREA Coordinator), department manager, Warden, shift supervisor of the incident and custody staff as appropriate. Interviews with the Warden and facility PREA Coordinator confirm that upper level managers are part of the review team and input is considered from multiple angles. The Deputy Warden stated that reviews are scheduled monthly and the composition of the team is generally predicated upon the nature of the allegation. Although individuals may not be present, input is considered. Based on interviews and incident review documentation, the auditor finds compliance with provision (c) of the standard.</p> <p>(d) Agency form CAJ-1025, which was reviewed by the auditor, mirrors the standard language to confirm that the facility must consider the six factors required by provision (d) of the standard in order to complete the agency review form. Informal Interviews with the Deputy Warden and facility PREA Coordinator confirms that DDC's review team considers the six factors enumerated under provision (d) of the standard in its review process. The Deputy Warden stated that any recommendation would be considered for implementation and cited examples such as lighting, cameras, changes in post orders, movement of physical barriers and restricting movement in an area. Based on interviews and policy, the auditor determines compliance with provision (d) of the standard.</p> <p>(e) The auditor reviewed the agency PREA Manual and language exists that mirrors the standard. As noted under provision (d) of the standard, the facility's review committee</p>

considers changes in policy, staffing needs, physical barriers, and monitoring technology to improve in the sexual safety of the detainees. These items are assessed and if needed, they are proposed to the Agency Head for review. Staff interviewed reported in detail the process followed to review this information, identifying problem areas and corrective action if needed.

115.187	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level. This information was utilized in determining compliance with this standard.</p> <p>The PREA Manual also states that the Department PREA Administrator gathers data on each reported incident to aggregate an annual incident report. The report will include, at a minimum, the data necessary to complete the annual Department of Justice Survey on Sexual Violence. The Department shall provide all data to the U.S. Department of Justice from the previous calendar year upon request no later than June 30. The PREA annual was reviewed by this auditor to assist in compliance with this provision.</p> <p>A review of the agency's annual PREA statistics for 2015 and the Survey of Sexual Violence 2015 took place to confirm that the data collected is uniformly sufficient to complete the annual Survey of Sexual Violence.</p> <p>The agency prepares an annual statistical report that is published on the agency's public website. This report aggregates information collected through the investigatory database and provides comparative summaries to previous year's data. The agency began its commitment to PREA compliance in 2014, therefore, statistical information only exists for 2014 and 2015. This report is published to the agency's website prior to June 30th each year and is available to the Department of Justice if needed.</p> <p>A review of the agency's annual PREA statistics for 2015 and the Survey of Sexual Violence 2015 took place to confirm that the data collected is uniformly sufficient to complete the annual Survey of Sexual Violence. According to interviews with the agency PREA Administrator and a review of the PREA Manual, the agency collects and maintains data from a variety of sources.</p> <p>In addition to the agency investigation database, each sexual abuse incident review is sent to the agency PREA Administrator as a courtesy and means of data collection.</p> <p>The agency does not contract with other entities for the confinement of its inmates; therefore, there is no aggregate data to collect from these facilities.</p>

115.188	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.</p> <p>The agency prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse. The agency's 2015 report identified its efforts to continue training Department investigators, the inmate population and expand reporting options for third parties. The agency also reported that it began conducting PREA audits of its facilities during 2015, with an intent to continue this activity until all agency facilities have been audited.</p> <p>The agency's 2015 annual PREA report compares data from 2014. It is important to note that the agency committed to PREA compliance in 2014, therefore, limited data is available for comparative purposes. The 2015 annual report summarizes the state of the agency's progress with achieving PREA compliance at its facilities, specifically, referring to its training and auditing progress. The Deputy Warden and PREA Coordinator verified this as well. The annual report was reviewed by this auditor in determining compliance with this standard.</p> <p>The agency head's designee confirmed during an interview that the Director approves the agency's annual PREA report prior to publication on the agency website and provided policy 01.01.101 relative to Director's approval. The agency does not redact information from its annual report.</p>

115.189	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level. This information was utilized in determining compliance with this standard.</p> <p>The PREA Manual specifies that data must be security retained. An interview with the agency PREA Administrator confirms that only he has access to the agency's overall data pool for PREA information. The PREA Coordinator stated during an informal interview that there are a limited number of upper agency administrators above the PREA Administrator who have access to the agency investigative database.</p> <p>The agency's 2015 annual PREA report compares aggregate data from 2014. It is important to note that the agency committed to PREA compliance in 2014, therefore, limited data is available for comparative purposes. The 2015 annual report summarizes the state of the agency's progress with achieving PREA compliance at its facilities, specifically, referring to its training and auditing progress. This report is published on the agency website. The annual agency PREA report does not contain any personal identifying information.</p> <p>The agency's 2015 annual PREA report compares aggregate data from 2014. It is important to note that the agency committed to PREA compliance in 2014, therefore, limited data is available for comparative purposes. The agency continues to publish its 2014 report alongside the 2015 annual report.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level. This information was utilized in determining compliance with this standard.</p> <p>The agency made a commitment to PREA compliance in 2014, therefore, the agency has not had each of its individual facilities audited at the time of this agency audit. The agency entered into a circular auditing 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. Through this consortium, all of the agency's facilities will be audited prior to the conclusion of the second audit cycle on August 19, 2019.</p> <p>The DDC was very accommodating during the audit and provided access to all matters requested. The facility provided the auditor full access to all areas of the facility to demonstrate compliance with provision (h) and (m) of the standard. The auditor was provided copies of all documents requested to demonstrate compliance with provision (i) of the standard. The auditor was able to conduct private interviews with staff, inmates, and detainees.</p> <p>"Notice of Audit" placement photographs were requested and provided prior to the audit and are retained by this auditor.</p> <p>No Confidential information from detainees was received for review by this auditor due to the short stay of the detainees to demonstrate compliance with provision (n) of the standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This auditor did access the public website and noted that there are 16 Audits posted from 2015-2017 and the 2016 PREA Yearly Report. The reports are located at http://www.mdoc.ms.gov/Divisions/Pages/PREA-Audit-Reports.aspx</p> <p>This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issues on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level. This information was utilized in determining compliance of this standard.</p> <p>To date, the agency has demonstrated that it is willing to publish all audit reports on its public website. At the time of this audit, the agency had published all previous audit reports to its website.</p>

Appendix: Provision Findings

115.111 (a)	Zero tolerance of sexual abuse and sexual harassment	
	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

115.111 (b)	Zero tolerance of sexual abuse and sexual harassment	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its lockups?	yes

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

115.112 (b)	Contracting with other entities for the confinement of detainees	
	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 law enforcement agency does not contract with private agencies or other entities for the confinement of detainees OR the response to 115.112(a)-1 is "NO".)	na

115.113 (a)	Supervision and monitoring	
	Does the agency ensure that it has developed for each lockup a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse?	yes
	Does the agency ensure that it has documented for each lockup a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The physical layout of each lockup?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the detainee population?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that it takes into consideration the 4 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

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

115.113 (c)	Supervision and monitoring	
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: 1. The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: The lockup's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the lockup assessed, determined, and documented whether adjustments are needed to: The resources the lockup has available to commit to ensure adequate staffing levels?	yes

115.113 (d)	Supervision and monitoring	
	If vulnerable detainees are identified pursuant to the screening required by § 115.141, does security staff provide such detainees with heightened protection, to include: Continuous direct sight and sound supervision?	yes
	If vulnerable detainees are identified pursuant to the screening required by § 115.141, does security staff provide such detainees with heightened protection, to include: Single-cell housing or placement in a cell actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is determined to be feasible?	yes

115.114 (a)	Juveniles and youthful detainees	
	Are juveniles and youthful detainees held separately from adult detainees? (N/A if the facility does not hold juveniles or youthful detainees (detainees <18 years old).)	yes

115.115 (a)	Limits to cross-gender viewing and searches	
	Does the lockup always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.115 (b)	Limits to cross-gender viewing and searches	
	Does the lockup document all cross-gender strip searches and cross-gender visual body cavity searches?	yes

115.115 (c)	Limits to cross-gender viewing and searches	
	Does the lockup implement policies and procedures that enable detainees 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 lockup require staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing?	yes

115.115 (d)	Limits to cross-gender viewing and searches	
	Does the lockup always refrain from searching or physically examining transgender or intersex detainees for the sole purpose of determining the detainee's genital status?	yes
	If a detainee's genital status is unknown, does the lockup determine genital status during conversations with the detainee, 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

115.115 (e)	Limits to cross-gender viewing and searches	
	Does the agency train law enforcement 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?	no
	Does the agency train law enforcement staff in how to conduct searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	no

115.116 (a)	Detainees with disabilities and detainees who are limited English proficient	
	Does the agency take appropriate steps to ensure that detainees with	yes

	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: Detainees who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that detainees 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: Detainees who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that detainees 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: Detainees who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that detainees 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: Detainees who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that detainees 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: Detainees who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that detainees 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 the overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with detainees 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 detainees with disabilities including detainees who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees 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 detainees with disabilities including detainees who: are blind or have low vision?	yes
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115.116 (b)	Detainees with disabilities and detainees 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 detainees 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

115.116 (c)	Detainees with disabilities and detainees who are limited English proficient	
	Does the agency always refrain from relying on detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under §115.164, or the investigation of the detainee's allegations?	yes

115.117 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees 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 detainees 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 detainees who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with detainees who: o 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 detainees 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 detainees who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes

115.117 (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 detainees?	yes

115.117 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with detainees, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with detainees, 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

115.117 (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 detainees?	yes

115.117 (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 detainees or have in place a system for otherwise capturing such information for current employees?	yes

115.117 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with detainees 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 detainees 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

115.117 (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

115.117 (h)	Hiring and promotion decisions	
	Unless prohibited by law, 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

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

115.118 (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 detainees 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

115.121 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse in its lockups, 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

115.121 (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

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

115.121 (d)	Evidence protocol and forensic medical examinations	
	If the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, does the agency permit the detainee to use such services to the extent available, consistent with security needs?	yes

115.121 (e)	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 any form of criminal or administrative sexual abuse investigations.)	yes

115.122 (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

115.122 (b)	Policies to ensure referrals of allegations for investigations	
	If another law enforcement agency is responsible for conducting investigations of allegations of sexual abuse and sexual harassment in its lockups, does the agency have a policy in place to ensure that such allegations are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? (N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).)	yes
	Has the agency published such policy, including a description of responsibilities of both the agency and the investigating entity, on its website or, if it does not have one, made the policy available through other means? (N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).)	yes
	Does the agency document all such referrals? (N/A if agency is responsible for conducting administrative and criminal investigations of sexual abuse or sexual harassment. See 115.121(a).)	yes

115.131 (a)	Employee and volunteer training	
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: Its zero-tolerance policy and detainees' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The dynamics of sexual abuse and sexual harassment in confinement, including which detainees are most vulnerable in lockup settings?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The right of detainees and employees to be free from retaliation for reporting sexual abuse or harassment?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to communicate effectively and professionally with all detainees?	yes
	Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.131 (b)	Employee and volunteer training	
	Have all current employees and volunteers who may have contact with detainees received such training?	yes
	Does the agency provide each employee and volunteer with annual refresher information to ensure that they know the agency's current sexual abuse and sexual harassment policies and procedures?	yes

115.131 (c)	Employee and volunteer training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.132 (a)	Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy	
	During the intake process, do employees notify all detainees of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes

115.132 (b)	Detainee, contractor, and inmate worker notification of the agency's zero-tolerance policy	
	Does the agency ensure that, upon entering the lockup, all contractors and any inmates who work in the lockup are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes

115.134 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees and volunteers pursuant to §115.131, 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 115.121(a).)	yes

115.134 (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 115.121(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 115.121(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 115.121(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 115.121(a).)	yes

115.134 (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 115.121(a).)	yes

115.141 (a)	Screening for risk of victimization and abusiveness	
	If the lockup is not utilized to house detainees overnight, before placing any detainees together in a holding cell do staff consider whether, based on the information before them, a detainee may be at a high risk of being sexually abused? (N/A if the lockup is utilized to house detainees overnight.)	na
	When appropriate, do staff take necessary steps to mitigate such danger to the detainee? (N/A if the lockup is utilized to house detainees overnight.)	na

115.141 (b)	Screening for risk of victimization and abusiveness	
	If the lockup is utilized to house detainees overnight, are all detainees screened to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees? (N/A if lockup is NOT used to house detainees overnight.)	yes

115.141 (c)	Screening for risk of victimization and abusiveness	
	In lockups described in paragraph (b) of this section, do staff always ask the detainee about his or her own perception of vulnerability? (N/A if lockup is NOT used to house detainees overnight.)	yes

115.141 (d)	Screening for risk of victimization and abusiveness	
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: Whether the detainee has a mental, physical, or developmental disability. (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The age of the detainee? (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The physical build and appearance of the detainee? (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: Whether the detainee has previously been incarcerated? (N/A if lockup is NOT used to house detainees overnight.)	yes
	Does the screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: The nature of the detainee's alleged offense and criminal history? (N/A if lockup is NOT used to house detainees overnight.)	yes

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

115.151 (b)	Detainee reporting	
	Does the agency also provide at least one way for idetainees 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 entity or office able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the detainee to remain anonymous upon request?	yes

115.151 (c)	Detainee reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment ?	yes

115.151 (d)	Detainee reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of detainees?	yes

115.154 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment in its lockups?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a detainee?	yes

115.161 (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 an agency lockup?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against detainees or staff who reported such an incident?	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

115.161 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do 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, and investigation decisions?	yes

115.161 (c)	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

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

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

115.163 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a detainee 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

115.163 (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

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

115.163 (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

115.164 (a)	Staff first responder duties	
	Upon learning of an allegation that a detainee was sexually abused, is the first law enforcement staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a detainee was sexually abused, is the first law enforcement 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 a detainee was sexually abused, is the first law enforcement 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 a detainee was sexually abused, is the first law enforcement 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

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

115.165 (a)	Coordinated response	
	Has the agency 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 a lockup incident of sexual abuse?	yes
	If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law and unless the victim requests otherwise, inform the receiving facility of the incident and the victim's potential need for medical or social services?	yes

115.165 (b)	Coordinated response	
	If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law, inform the receiving facility of the incident unless the victim requests otherwise? (N/A if the agency is not permitted by law to inform a receiving facility, where a victim is transferred from the lockup to a jail, prison, or medical facility as a result of an allegation of sexual abuse of the incident and the victim's potential need for medical or social services.)	yes
	If a victim is transferred from the lockup to a jail, prison, or medical facility, does the agency, as permitted by law, inform the receiving facility of the victim's potential need for medical or social services unless the victim requests otherwise? (N/A if the agency is not permitted by law to inform a receiving facility, where a victim is transferred from the lockup to a jail, prison, or medical facility as a result of an allegation of sexual abuse of the incident and the victim's potential need for medical or social services.)	yes

115.166 (a)	Preservation of ability to protect detainees 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 limits the agency's ability to remove alleged staff sexual abusers from contact with detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

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

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

115.167 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Monitor the conduct and treatment of detainees or staff who have reported sexual abuse?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Monitor the conduct and treatment of detainees who were reported to have suffered sexual abuse?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, does the agency: Act promptly to remedy any such retaliation?	yes

115.167 (d)	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

115.171 (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 115.121(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 115.121(a).)	yes

115.171 (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 115.134?	yes

115.171 (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

115.171 (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

115.171 (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 detainee or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.171 (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

115.171 (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

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

115.171 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.171(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.171 (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 lockup or agency does not provide a basis for terminating an investigation?	yes

115.171 (l)	Criminal and administrative agency investigations	
	When outside agencies investigate sexual abuse, does the agency 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 115.121(a).)	yes

115.172 (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

115.176 (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

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

115.176 (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

115.176 (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: o 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

115.177 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with detainees?	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

115.177 (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 detainees?	yes

115.178 (a)	Referral for prosecution for detainee-on-detainee sexual abuse	
	When there is probable cause to believe that a detainee sexually abused another detainee in a lockup, does the agency refer the matter to the appropriate prosecuting authority?	yes

115.178 (b)	Referral for prosecution for detainee-on-detainee sexual abuse	
	If the agency itself is not responsible for investigating allegations of sexual abuse, does the agency inform the investigating entity of this policy? (N/A if the agency/facility is responsible for administrative and criminal investigations. See 115.121(a).)	yes

115.182 (a)	Access to emergency medical and mental health services	
	Do detainee victims of sexual abuse in lockups receive timely, unimpeded access to emergency medical treatment?	yes

115.182 (b)	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

115.186 (a)	Sexual abuse incident reviews	
	Does the lockup 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

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

115.186 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors and investigators?	yes

115.186 (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 was motivated or otherwise caused by other group dynamics at the lockup?	yes
	Does the review team: Examine the area in the lockup 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 §§ 115.186(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the lockup head and agency PREA coordinator?	yes

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

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

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

115.187 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Local Jail Jurisdictions Survey of Sexual Violence conducted by the Department of Justice, or any subsequent form developed by the Department of Justice and designated for lockups?	yes

115.187 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

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

115.187 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.188 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.187 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.187 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.187 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each lockup, as well as the agency as a whole?	yes

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

115.188 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.188 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a lockup?	yes

115.189 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.187 are securely retained?	yes

115.189 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from lockups under its direct control and any private agencies with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

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

115.189 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.187 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

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

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

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

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

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)</p>	yes