

PREA Facility Audit Report: Final

Name of Facility: Richard A. Handlon Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/12/2019

Date Final Report Submitted: 10/09/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Carole A. Mattis	Date of Signature: 10/09/2019

AUDITOR INFORMATION	
Auditor name:	Mattis, Carole
Address:	
Email:	cmattis@pa.gov
Telephone number:	
Start Date of On-Site Audit:	05/01/2019
End Date of On-Site Audit:	05/03/2019

FACILITY INFORMATION	
Facility name:	Richard A. Handlon Correctional Facility
Facility physical address:	1728 Bluewater Highway, Ionia, Michigan - 48846
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	
Email Address:	
Telephone Number:	

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

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

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

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

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

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

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

AUDIT FINDINGS

Narrative:

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

A Prison Rape Elimination Act Audit of Richard A. Handlon Facility (also known as MTU) was conducted from May 1, 2019 through May 3, 2019. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012.

The author wishes to extend appreciation to Warden Dewayne Burton and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all respects and recommendations made by the auditor.

The auditor would also like to recognize PREA Administrator Charles J. Carlson PREA unit Departmental PREA Analyst Mary Mitchell, PREA Compliance Manager Assistant Deputy Warden John Sutton and others who assisted with the arrangement of interviews and the provision of hard copy information for auditors to review while onsite.

The auditor provided the facility with a Notification of Audit on March 12, 2019 with an advisement that the notice be displayed in all housing units and prominent locations throughout the facility. The notification contained information about the scheduled audit and auditor's contact information for inmates and staff to make direct contact via correspondence prior to the onsite audit date, May 1, 2019. Photographs of the audit notifications containing date and placement identifiers were received from the facility on March 16, 2019 as exhibited in the visiting room, maintenance building, and staff breakroom. The facility was advised that correspondence sent to the address on the auditor posting would need to be treated as confidential. During the facility tour, the auditor observed the posting in all housing areas and throughout the facility. During the pre-audit and post audit time periods, the auditor received correspondence from multiple inmates at the facility.

On April 11, 2019, the agency sent the Richard A. Handlon Facility audit documentation on a USB flash drive via priority mail. The USB drive was received on April 16, 2019. The USB flash drive required a password, which was provided by the agency in a separate email correspondence. The documentation on the USB drive included a completed pre-audit questionnaire, agency policies, and evidence of practice for select standards. Over the next week, the auditor reviewed the questionnaire and various documents provided. During the pre-audit phase, the auditor requested additional evidence of practice for standards and lists of individuals necessary for both specialized staff and targeting inmate interviews while onsite. During this time, the auditor received handwritten correspondence from four identified inmates and one anonymous individual. The mail did not appear to be tampered with or pre-screened by the facility in anyway prior to receipt. Inmate complainants who were housed at the facility during the auditor's onsite visit were interviewed. One inmate complaint penned a follow-up note of gratitude for being interviewed by auditor and reiterated his concerns. All correspondence was forwarded to the facility following the audit. During the onsite visit, a two-page itemization of nineteen standards with related information was submitted to the PREA Analyst for follow through. The auditor's requests for documentation was satisfied prior to the completion of the onsite audit.

An in-brief was conducted with facility representatives on the first day of the audit, May 1, 2019, at approximately 1345 hours. Staff in attendance included: Dewayne Burton, Warden; Scott Yokem, State Deputy Warden; John Sutton, Assistant Deputy Warden/PREA Coordinator; Mary Mitchell, PREA Analyst; Tara Ripley, Warden's Secretary; Jodie Heard, Acting Administrator Assistant; Joe Quiroga, Training Officer; Dan Lauer, Inspector; Jim Waters, Inspector; Christina Bandt, Resident Unit Manager; Heidi Smith, RN Health Unit Manager; Melinda Rowley, Acting Records Office Supervisor; John Payne, Resident Unit Manager; Mike Moran, ASRP/OPT Unit Chief; Jud Gildersleeve, RTP2 Unit Chief; Larry Cieply, RTP1 Unit Chief. Conducting the audit were certified PREA auditors, Carole A. Mattis (lead) and Rene Adams Kinzel (secondary). Voluntarily assisting with inmate interviews was PA DOC PREA Compliance Manager Deb Hawkinberry.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including; all general population housing units, the Adaptive Skills Rehabilitation Program (ASRP), Residential Treatment Program (RTP), the control room, intake area, visiting room, strip search area, yard/recreation building, field house, barber shop, academic wing, library, Vocational Village and Trades Building. Medical, food service and maintenance areas were toured during the morning of May 2, 2019. Staff and inmates who were randomly interviewed during the tour were knowledgeable about PREA.

A total of 40 staff members were interviewed with at least one staff member interviewed from each interview category, with the exception of Education and Program Staff Who Work With Youthful Inmates, Line Staff who Supervise Youthful Inmates, since they were not applicable to this facility. Staff interviews were conducted with staff from all three shifts (0600 to 1400 hours, 1400 to 2200 hours and 2200 to 0600 hours.)

A total of forty (40) inmates were interviewed with at least one inmate interviewed from each interview category, with the exception of Youthful Inmates since this type was not applicable to this facility.

A telephone interview was conducted with Just Detention International (JDI) regarding the sexual abuse support line established through a Memorandum of Understanding with MDOC for survivors of sexual abuse and sexual harassment. The audit team successfully tested the hotline and MDOC online PREA reporting system during the on-site audit and received a verification email from the PREA Analyst that the call was properly received and logged for disposition. Additionally, the auditor contacted the Legislative Ombudsman's office in Lansing MI, to verify requirements set forth in 115.41 (b), and a spokesperson related that during the past 12 months, their office has not been contacted by any Richard A. Handlon prisoners who have reported sexual abuse or sexual harassment.

The inmate population count on each day of the audit was 1251, 1251, 1254, respectively.

Throughout the pre-audit and onsite audit, open and positive communication was established between the auditor and facility staff. During this time, the auditor requested information and discussed any concerns as they arose with the Agency PREA Analyst, who served as the point-of-contact with the facility.

Informal interviews during the audit tour revealed an above average knowledge of PREA and related policy and procedure. The auditor was assured prior to the exit briefing that any identified deficiencies noted during the out-brief would be completed before the issuance of the Final Report.

When the audit was completed, the auditor conducted an exit briefing on May 3, 2019 and provided an overview of the audit before thanking staff for their obvious commitment to the Prison Rape Elimination

Act. Individuals in attendance for this status check included Warden, Dewayne Burton; Deputy Warden, Scott Yokum; Assistant Deputy Warden, John Sutton; PREA Manager, C.J. Carlson; PREA Analyst, Mary Mitchell; Inspectors, Daniel Lauer and Jim Waters; AIAA Jodie Heard; Warden's Secretary, Tara Ripley; AIADW Housing/Programs, Matt Mates; Facility Manager, Stephen Card; HRD Joe Quiroga; Registered Nurse, Health Unit Manager, Heidi Smith.

The facility was notified that the auditor would be completing their post-audit analysis and triangulation of compliance with each of the standards and a report would be issued within 45 days. Post-audit document requests would be filtered through the Agency PREA Analyst.

During the formulation of the interim report, this auditor remained in regular contact with the facility and made in excess of a half dozen information requests for supporting evidence of compliance with multiple standards. The facility complied with most of these requests however, as noted throughout this interim report there are still outstanding items necessary to provide sufficient evidence of compliance for standards as specified throughout the report.

Shortly after the submission of the interim report, and at the auditor's request, the facility provided multiple documents in order to gain compliance with eleven standards as follows: 115.12, 115.13, 115.16; 115.42, 115.52, 115.64, 115.71 and 115.82, 115.83, 115.87 and 115.89. Five of eleven standards were deemed compliant upon the facility's initial response to the auditor's advisement of corrective action items, specifically 115.16; 115.42, 115.64, 115.71 and 115.82. The specific documents associated with each standard included: 1) 115.16 – a photocopy of the Purchase Order covering the audit period with Real Time Translation, Inc., a service that meets the translation needs of the inmate population; 2) 115.42 – a document titled "High Security Detail Checklist," which reflects that high risk victims and abusers cannot work together in the food service commissary area. All inmates assigned to this area must have "no scores" to ensure those inmates at high risk of victimization and high risk of abusiveness are protected from one another. 3) 115.64 – Information contained in AIM #26968 and 26919 demonstrating that the facility took action to preserve evidence as dictated by the standards and agency policy to prevent the destruction of physical evidence that may have existed. 4) 115.71 – information contained in AIM #26968 and 26919 demonstrate that facility staff are familiar with the protocols for collecting and preserving evidence until the investigation is cleared by MSP, the designated criminal investigative agency. 5) 115.82 – documentation associated with AIM #27352 and #25809, specific to inmate account information, does not indicate that any associated costs for medical, mental health care and crisis intervention services were withdrawn from inmates' accounts. Medical documentation also submitted for review revealed that inmates received prescription medication for access to emergency prophylaxis.

Three of the six standards (115.12, 115.87 and 115.89) require an agency level response that involves a telephone conference between the audit team, the PREA Resource Center and the agency's PREA staff and are not directly related to the facility's compliance. A document request was submitted to the facility on July 18, 2019, to satisfy the remaining three standards applicable to the facility's specific compliance (115.13, 115.52, 115.83). The auditor requested the following items that were deemed necessary during the interim report telephone conference and following a review of received post interim report documentation. Photographs of porter closets with door cutouts for audio and reviewing purposes as proposed; installation of round-readers in shower areas for inmate safety in gang-type showers; photograph of convex mirror installation in Principal's office or round reader installation in that area.

Throughout the corrective action period, the auditor remained in contact with the facility and the agency to develop strategies to rectify corrective actions required with respect to both facility and agency level

standards. Specific details as to the corrective actions taken and methods to assess compliance are noted under the individual standards. Documentation was exchanged via secure email, which included evidence of practice and photographs. Phone conferences also provided an opportunity to discuss strategies to agree upon joint resolutions when initial proposals were unacceptable to either the agency or auditor. Through this communication and documentation exchange process, the auditor found sufficient evidence that the facility had either implemented procedures for observed gaps or provided sufficient evidence of compliance.

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 Richard A. Handlon Correctional Facility opened in 1958 and was named after the prison's first Warden,

The facility houses Level II, general population prisoners, along with other prisoners who have been placed in the Adaptive Skills Rehabilitation Program (ASRP) and the Residential Treatment Program (RTP). The ASRP serves prisoners who are lacking skills necessary to live normal productive lives: some are considered developmentally disabled, many with long histories of institutionalization. The RTP is an integral component of the mental health continuum of care, which includes outpatient mental health teams, crisis stabilization programs, and inpatient hospital units.

There are 17 buildings in the MTU Complex that prisoners might have access to, MTU Complex- (6) Housing units/Health Care, School, Administrative Building, Food Service, Field House, Recreation Shack, Storage Building, and (5) Maintenance Buildings, Housing Units include A Unit (temp seg, observation cells, mental health, general population); B Unit (general population); C Unit (general population, Graduates of Vocational Village, Calvin College and Leader Dog Trainers); D Unit (general population, Vocational Village, Calvin College, Leader Dog Trainers); E Unit (residential treatment program), F Unit (general population).

The major program emphasis at the facility revolves around academic, vocational education, and special education, The facility houses the largest school system in the correctional system. The academic program is framed with the GED continuum, including Adult Basic Education and GED preparation. Institutional Programs include Adult Basic Education, General Education Development, Employment Readiness and Vocational Village; Bridges/Domestic Violence, Alcohol Anonymous Classes, Narcotics Anonymous Classes, Sex Offender Therapy, Thinking for a Change, Violence Prevention Programming, Work Assignments, Religious Services, Law Library, General Library.

With the goal of providing a positive learning community for offenders who are serious about completing Career and Technical Education, the Vocational Village at the Richard A. Handlon Correctional Facility has been developed. The Vocational Village has the ability to work with 165 Vocational Trade Students, 27 vocational trade tutors, 12 building trade workers and 20 Calvin College students totaling 224 offenders. Vocational programs offered are Building Trades-Carpentry, Building Trades-Plumbing, Building Trades-Electrical, Computer Numerical Control (CNC)/Machine Tool/Robotics, Automotive Technology, Horticulture, and Welding.

Calvin College is a Christian liberal arts college based out of Grand Rapids, Michigan. Calvin College has an accredited satellite campus within Richard A. Handlon Correctional Facility. The college courses offered by Calvin are at no cost to the State of Michigan or prisoner students. The students in this program are earning a Bachelor's Degree in Seminary Leadership with a minor in Sociology. Prisoners are provided on-site routine medical and dental care. Emergencies can be referred to a local hospital, and more serious problems are treated at the department's Duane L. Waters Health Care in

Jackson.

A double chain-link fence, concertina wire and electronic detection systems make up the perimeter security. An emergency response vehicle also patrols the perimeter.

Operational capacity: 1297

Number of employees: 305

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:	4
Number of standards met:	41
Number of standards not met:	0

Interim Report Summary of Audit Findings -

Number of standards exceeded: (3) - 115.17, 115.73, 115.86

Number of standards met: 30

Number of standards not met: (11)

Number of standards non applicable: (1)

Recommendation for 115.67 (a) and (c)

1). It is recommended that MTU's management team advertise the availability and explain the value of retaliation monitoring procedures with regard to 115.67 (a) and (c) since the majority of staff interviewed by the audit team indicated that they would likely not request retaliation monitoring since they considered this part of their job.

Corrective Action Recommendations:

1). 115.12 The MDOC will be required to establish a formal and documented means of ensuring the agency's contracted entities comply with each of the PREA standards, including audit obligations established under 115.401. Should the contracted entities not comply with its obligations to demonstrate compliance through an audit each cycle pursuant to 115.401; the agency will need to demonstrate its compliance by not renewing such contracts consistent with provision (b) of the standard.

Post Interim Report Corrective Action:

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

During the phone conference, the audit team, MDOC PREA staff, and a representative of the PRC discussed the viewpoints of the audit team and the agency. Due to continued disagreement between the agency and the audit team over the applicability of the standard to MDOC prison audits; the PRC representative agreed to draft a summary of the conversation for review by the agency PREA

Coordinator and the audit teams for submission to the PREA Management Office (PMO) for interpretive guidance. Between August 9, 2019 and August 13, 2019, the drafts circulated between the audit team and MDOC, before submission to the PMO.

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

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

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

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

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

The audit team learned that the contracted entities have no infrastructure to comply with PREA at this time, and have yet to develop so much as policy provisions to govern how they will implement the standards. Given the starting point of the contracted entities, the audit team and the MDOC mutually agreed upon a monitoring tactic that would begin with the issuance of a formal contractual corrective action plan issued to the contracted entities, citing their failure to adhere to their contractual obligation to comply with the PREA standards. The corrective action plan must outline achievable and measurable milestones for the contracted entity to meet during various intervals throughout the one-year period of the October 1, 2019 contract. The audit team suggested that the corrective action plan include that the contracted entities be held accountable to implement the most critical components of developing compliance within that initial year, such as development of a policy within three months, completion of

staff, contractor, volunteer, and inmate training and education requirements within six months, and implementation of risk screening procedures prior to the end of the contractual year so that the contracted entities would be on target to achieve full compliance and be prepared for audit by the August 20, 2022 date established within the FAQ. To fulfill their portion of contract monitoring required by the standards, the MDOC would be responsible to gather tangible evidence of compliance through documentation exchanges, hold the contracted facility accountable to the deadlines imposed within the corrective action plan, and to enforce compliance with the plan through its available contractual remedies. The MDOC's PREA staff would be consulted by the agency's contract monitors to assess whether the contracted entity's evidence of compliance was consistent with the PREA standards.

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

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

1. No later than 12/26/2019, your organization must have PREA policies in place, and provide to Contract Monitor, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
 - b. 115.13 Supervision and monitoring.
 - c. 115.15 Limits to cross-gender viewing and searches.
 - d. 115.22 Policies to ensure referrals of allegations for investigations.
 - e. 115.61 Staff and agency reporting duties.
 - f. 115.67 Agency protection against retaliation.

2. No later than 3/24/2020, your organization must develop, and provide to Contract Monitor, PREA training for employees, volunteers, contractors, and offenders, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.31 Employee training.
 - b. 115.32 Volunteer and contractor training.
 - c. 115.33 Inmate education.
 - d. 115.34 Specialized training: Investigations.
 - e. 115.35 Specialized training: Medical and mental health care

3. No later than 6/24/2020, your organization must develop, and provide to Contract Monitor, a risk screening process that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.41 Screening for risk of victimization and abusiveness.
 - b. 115.42 Use of risk of victimization and abusiveness

4. You must have a certified PREA audit completed on your organization no later than 8/19/2022, and

once within each three-year PREA cycle thereafter. Subsequent contract renewals will require continued PREA implementation.

a. 115.93 Audits of standards

b. 115.401-115.405 Auditing and Corrective Action

The contracted entities were given until October 8, 2019 to respond to the corrective action plan.

The audit team was provided with the contracted entity response on October 8, 2019. Both contracted entities agreed to abide by the corrective action plan and agreed to the deadlines the MDOC imposed via the contract corrective action plan. The audit team finds this formal demand for compliance by the MDOC and acknowledgement of the need for corrective action by the contracted entities to satisfy provision (b)'s requirements for the agency to monitor and enforce compliance with PREA provisions of its contracts.

2). 115.13. It is recommended that the MTU provide a photograph of the convex mirror that was anticipated to be installed in the North Wing Principal's office to remedy an observed blindspot by the auditor during the onsite visit in order to satisfy 115.13 (c) of the standard.

POST INTERIM REPORT CORRECTIVE ACTION: Following the submission of the interim report, the facility communicated that it completed a work order for the installation and approval of a convex mirror to be installed in the North Wing Principal's office to remedy an observed blindspot during the onsite visit. The facility provided a copy of a work order to install this mirror , which sufficiently addresses this area of concern rendering the standard compliant.

Additionally through discussion with the facility it was recommended that the facility develop procedures to ensure that inmates cannot congregate within the shower areas for unauthorized purposes as was noted that the showers were freely open for inmates to access at will. Through discussion with facility and to enhance accountability, the facility agreed to implement a procedure where inmates would sign in and out for use of shower by placing their ID cards at the Officer's desk, which is situated at the shower entranceway. This enables an officer to account for the number of inmates within the shower area and to track any potential patterns of suspected illicit activity. Also, the facility agreed to keep porter closets closed and locked to further deter unauthorized activity.

The facility provided a copy of the shower logs and procedures during the corrective action period to ensure inmate accountability and generate the ability of staff to monitor activity in a vulnerable area. Specifically, the facility will post shower logs at the officer's desk, where inmates will be required to sign in and out of the shower. As an additional accountability measure, inmates entering the shower will be required to leave their ID at the officer's desk to ensure accountability and to ensure no more than the authorized total of inmates would be present in the shower area at any given time.

These accountability measures will enhance the supervision and monitoring of inmates in the blind spot of the shower area and augment those staffing and monitoring procedures detailed in the facility's staffing plan in satisfaction of the standard.

3). 115.16. It is recommended that MTU provide supporting documentation (i.e., purchase order) which identifies a translation service has been in place during the audit time period and is currently under an active contract in order for a compliant rating to be rendered for 115.16 provision (b) of the standard.

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the facility provided Purchase Order 190000000802 from Real Time Translation, Inc. with a yearly contract starting October 1, 2018 and ending September 30, 2019. Based on the provision of this documentation, the auditor finds that the facility has adequate resources to meet the translation needs of its inmate population, and therefore determines the facility has provided sufficient evidence to find compliance.

4). 115.42. It is recommended that the MTU identify and provide supporting documentation for any self-identified jobs or programs where it was determined that high risk victims and abusers cannot be assigned together in order that a compliant rating can be made for 115.42 (a).

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the MTU provided supporting documentation, titled "High Security Detail Checklist," which reflects that high risk victims and abusers cannot work together in the food service commissary. Classification and Food Service Directors ensure that all inmate workers assigned to this area have "no scores." The use of risk screening scores to inform these work assignments; coupled with the significant camera coverage and supervision in these areas demonstrate that the facility making its best efforts to ensure those inmates at high risk of victimization and high risk of abusiveness are protected from one another.

5). 115.52. It is recommended that MTU provide a photocopy of the six other grievances referenced in the MTU PAQ so that the auditor can evaluate response timeliness as established by 115.52, PD 03.03.140 and the PREA Manual and render a compliant rating for 115.52 (c) and (d).

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the facility provided recently received grievances in accordance with the standard, it is noted that all of the requested six grievances noted within the body of the standard were unable to be provided by the facility purportedly because the originals were provided to the PRC's FTA audit team and reportedly not returned to the facility. However, based upon grievances submitted to the auditor involving submissions after April 1, 2019, the auditor discovered that the facility was not processing Emergency grievances in accordance with the standards or agency policy. Specifically, the facility ruled upon the contents of the grievance and upon its determination that it did not meet the purview of sexual abuse failed to forward the grievance for an agency response consistent with provision (f) of the standard.

The auditor's review of the grievances identified as Emergency grievances does not confirm that each grievance did not meet the definition of sexual abuse and therefore should have had an agency determination. Moreover, during a telephone conference to discuss the corrective action plan, the agency PREA Analyst assigned to the facility supported the auditor's determination that such grievances should indeed be forwarded to the agency's attention and directed the facility PREA coordinator to begin complying with agency policy to forward grievances for a final agency determination in accordance with provision (f).

The agency PREA Analyst for the facility agreed to conduct training with appropriate staff at the facility involved with grievance processing. The auditor requested as part of the corrective action plan that documentation of this training be provided, and also requested copies of the next three Emergency grievances to ensure the facility is acting in accordance with its agency policy and the standards .

The auditor was in continuous contact with the facility throughout the corrective action period. The auditor

routinely inquired about any emergency grievances following the training needs identified during the July 18, 2019 teleconference. Throughout the remainder of the corrective action period, both the facility PREA Coordinator and the agency PREA Analyst confirmed that no emergency grievances were submitted through the facility. The auditor determines that the corrective training by the agency PREA Analyst is sufficient to correct the observed deficiencies and that the auditor cannot further justify extending corrective action due to the absence of a triggering event occurring.

6). 115.64. It is recommended that MTU provide a copy of the investigation in support of information provided in the PAQ for 115.64 (a)(2) in order that the auditor can further evaluate the instruction provided to the alleged victim that would demonstrate the procedures implemented did in fact prevent the destruction of physical evidence that may have existed.

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the auditor requested and received documentation for investigation 26968 which was another incident resulting in a forensic examination. Within the investigation, a psychologist suspected the alleged victim may have been sexually assaulted due to anal bleeding despite the alleged victim initially denying that he was sexually assaulted. Upon initial knowledge of the individual experiencing anal bleeding, he was taken to medical and assessed. During the assessment, he denied any sexual assault; therefore, a bloodspill porter was directed to clean the cell. However, upon the latter suspicions of the psychologist the facility initiated a transport to Sparrow Hospital for a SANE evaluation. During this evaluation, the alleged victim had disclosed that he was sexually assaulted; however, had previously showered after the incident. Based upon the information known to the facility at the time of the initial medical treatment of the individual, the auditor can appreciatively understand why there was no direction given to preserve evidence consistent with 115.64. Moreover, the inmate's healthcare records and treatment history confirm that the individual had a medical condition, which could plausibly have caused the anal bleeding that would have not raised suspicions at the time of his initial medical evaluation. Given the evaluation of the requested information post interim report, the auditor finds sufficient evidence that the facility completes its first responder duties in accordance with 115.64 when allegations are known.

The auditor also received investigation 26919 during the corrective action period. Within this investigation, it was revealed that the alleged victim reported a potential sexual assault by a cellmate occurring the night before. The individual was transported to Sparrow Hospital for forensic examination. The facility's critical incident report details how the individual's clothing from the time of the assault was placed into evidence bags, how his property within his cell was secured, as well as, the cell being taken out of service and blocked with crime scene tape until cleared by MSP. The incident report described how evidence was preserved until retrieved by the investigating MSP trooper. The auditor determines that the facility adequately took actions to preserve evidence in accordance with 115.64.

7). 115.71. It is recommended that the MTU provide a copy of the corresponding investigation identified in 115.71 (c) to understand how the evidence collection kit was used and how evidence was collected/preserved. According to the PREA Coordinator, the evidence collection boxes are accompanied by an evidence retention logbook. In reference to the logbook notation, it was conveyed that the kit was utilized in the August/September timeframe, which is within the audit period.

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the facility provided investigation 26968. This investigation

revealed that the individual was seen by the facility's medical staff for anal bleeding and it is noted that the individual has a medical condition which could have possibly been the source of the observed bleeding rather than direct evidence of sexual assault. During questioning occurring in the medical evaluation, the individual denied having been sexually assaulted. However, during a later psychological evaluation, and given the individual's mental health and intellectual capabilities the psychologist suspected that the individual either self-inflicted the injury or may have been sexually assaulted. As a precautionary measure, the facility transported the individual for a forensic medical examination at Sparrow Hospital at which time the individual had reported being sexually assaulted. Based upon the knowledge of the facility, it is understood that the facility transported the individual for forensic examination out of an abundance of caution and therefore did not collect or preserve evidence in accordance with provision (c) of the standard. After evaluation of the evidence, the auditor finds that there has been no breach of 115.71 (c).

The auditor also received investigation 26919 during the corrective action period. Within this investigation, it was revealed that the alleged victim reported a potential sexual assault by a cellmate occurring the night before. The individual was transported to Sparrow Hospital for forensic examination. The facility's critical incident report, which is part of the investigation, details how the individual's clothing from the time of the assault was placed into evidence bags, how his property within his cell was secured, as well as, the cell being taken out of service and blocked with crime scene tape until cleared by MSP. The incident report described how evidence was preserved until retrieved by the investigating MSP trooper. The auditor determines that the facility adequately took actions to preserve evidence and clearly described those actions in accordance with 115.71 (c).

8). 115.82. It is recommended that the MTU provide inmate account information to verify the individual was not charged for the forensic examination as identified in AIM #27352 relative to 115.82(d).

POST INTERIM REPORT CORRECTIVE ACTION :

Following the submission of the interim report, the facility provided inmate account information associated with AIM #27352 and AIM #25809. Except for co-payment charges for unrelated medical services other than the alleged dates of sexual abuse noted in each investigation file, no charges were withdrawn from either inmate for medical, mental health care and crisis interventions services, consistent with provision (d) of the standard.

The auditor also had concerns as to whether the facility provided access to emergency prophylaxis in so much as whether the prescription provided at the hospital was filled. A subsequent medical progress note from 11/22/2018 verifies that the facility contacted the Henry Ford Health System to obtain a change order for prescription medication that was readily available, consistent with provision (c) of the standard. Based upon the auditor's review of supporting documentation, that inmate's were not charged for emergency medical services, and that emergency prophylaxis was provided, that the facility acts and provides emergency medical and mental health services in accordance with 115.82.

9). 115.83. It is recommended that the MTU provide additional information to support 115.83 (a) and (b) which includes documentation that demonstrates once an inmate was seen by medical or they were transported to outside hospital; they had follow up mental health services provided by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the facility provided mental health contact notes relative to the individual reporting an allegation in investigation 26968 who was referred for forensic examination.

These medical and mental health contact notes confirm that the individual continued to have follow up medical and mental health services post allegation consistent with 115.83.

10). 115.87 (e). It is recommended that the agency establish procedures for contract monitoring, which includes data collection to capture incident based and aggregate data for its contracted facilities.

Post Interim Report Corrective Actions Taken:

Post Interim Report Corrective Actions Taken:

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data consistent with the standard. The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

11). 115.89 (b). It is recommended that the agency establish procedures for contract monitoring, which includes data collection to capture aggregate data for its contracted facilities, which is subsequently published within its annual report.

Post Interim Report Corrective Actions Taken:

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of 115.87, therefore, such information is not included in the MDOC's annual report consistent with provision (b) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting and inclusion in future annual reports. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data for publication within an annual report consistent with the standard. The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect

incident based and aggregate data from its contracted facilities.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11</p> <p>1) Documents:</p> <ul style="list-style-type: none"> a) MDOC Prison Rape Elimination Act Manual April 2017 (Pages 5-8, 9) b) PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (Pages 1-4) c) MTU 03.03.140 Prison Rape Elimination Act and Prohibited Sexual Conduct Involving Prisoners (Page 2) d) MDOC Budget and Operations Administration Procurement, Monitoring and Compliance Division e) MTU Org Chart f) PREA Coordinator Listing g) Assistant Deputy Warden Position Description <p>2) Interviews:</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Random Inmates c. PREA Coordinator <p>3) Site Review Observations:</p> <ul style="list-style-type: none"> a. PREA Signage <p>115.11(a) Policy Directive 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. PD 03.03.140 and the MDOC PREA Manual outline the agency approach to implementing the zero-tolerance policy. Local Operating Procedures (OP MTU) 03.03.140 outlines the facility’s approach to implementing practices covered by the agency policy and the agency PREA Manual. This auditor reviewed these documents in their entirety to determine compliance with provision (a).</p> <p>115.11(b) Regarding provision (b), the agency PREA Manual serves to unify the agency's approach to implementing the PREA standards, in detail, that were previously covered by a network of policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. The agency PREA Manual was implemented in April 2017 and supersedes previous related policies. The agency PREA Manual addresses relevant topics such as definitions, prevention, planning, training, placement screening, medical and mental health screenings, cross-gender viewing, searches of prisoners, protective custody, protection from retaliation, disabled and limited English proficiency inmates, human resource decision making processes, staffing plans, management rounds, facility and technological upgrades, contracting for the confinement of inmates, collective bargaining, reporting sexual abuse and sexual harassment, prisoner grievances, response procedures to reports of sexual abuse and harassment, medical and mental health services following an allegation of sexual abuse, victim advocates, confidential support services, sexual abuse and sexual harassment investigations, disciplinary sanctions and corrective action, sexual abuse incident reviews, data collection, data review and data storage, auditing and compliance. The agency has</p>

established the agency level positions of PREA Manager and PREA Analyst to develop, implement, and oversee agency efforts to comply with the PREA standards. Additionally, the Assistant Deputy Warden serves at the PREA Coordinator and reports to the Warden. According to PD 03.03.140 and the PREA Manual, the position of PREA Manager (formerly referred to as the PREA Administrator) fulfills the role of an Agency PREA Coordinator. This position is four layers removed from the agency Director with sufficient authority to implement agency efforts to comply with the PREA standards. A position description and organization chart were provided to this auditor for validation of the duties and level of authority in the agency. During an agency-level interview by Auditor Grace Franks, with PREA Manager Charles J. Carlson, it was explained that this position has sufficient time and authority to implement PREA standards throughout the agency.

According to the PREA Manual, the position of PREA Coordinator at the facility oversees the duties of a facility PREA Compliance Manager (as defined by the PREA regulations). PA DOC consortium DOJ-certified Auditor David Radziewicz was previously informed during an interview with the agency PREA Manager that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. Currently, the PREA Coordinator for the MTU is the facility's Assistant Deputy Warden. Through an interview with the PREA Coordinator, the position provides adequate time and authority to coordinate the facility's efforts to comply with PREA standards. Specifically, the facility's PREA Coordinator is responsible for coordinating the facility's efforts to comply with the standards outlined in the PREA Manual and must monitor and provide assistance with all aspects of PREA sustainability to include training, education, reporting, documentation and investigation of PREA related allegations. The facility's PREA coordinator took the initiative upon assuming this role to create multiple Evidence Retention boxes, which are maintained throughout the institution to further support §115.21.

Based on a review of the PREA Manual, an interview between Auditor Franks and the PREA Manager, and the interview with the PREA Coordinator, this auditor determined compliance with provisions (b and c).

115.12	Contracting with other entities for the confinement of inmates
	<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 1452 571">115.12 (a-b) Based upon a review of the Pre-Audit Questionnaire (PAQ), the PREA Manual, the interviews of the PREA Manager and PREA Coordinator, it was initially determined that neither the agency nor the facility currently contract with other entities or agencies for the confinement of its inmates. The absence of any contracts for the confinement of its inmates and policy provisions with the PREA Manual demonstrate the agency’s intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.</p> <p data-bbox="252 616 1484 1220">However, during the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. Following the request for evidence of compliance, the audit teams were advised that the agency contends these contracts are applicable to the community confinement standards and thus not subject to audit under 115.12 and 115.87(e) as the contracts are not for the housing of what the agency considers to be its “inmates”. Specifically, the agency states the individuals are parole violators who are pending decision for return to an MDOC facility; thus, not officially an MDOC “inmate.” The agency claimed to have received verbal guidance from the PREA Resource Center; stating their position of defining the contracts as community confinement was appropriate and that as such, the auditing of the standards would not be applicable to its prison audits. The audit team requested written direction from the PRC to affirm this guidance. As of the date of this interim report, the audit team has not received such written direction provided to the agency.</p> <p data-bbox="252 1265 1484 1736">The audit team researched the agency’s description of the program, which states that the individuals are housed pursuant to the program are likely to be returned to the community and are placed for technical violations of parole and arrests for new misdemeanor and felony charges. Thus, the audit teams contend that the individuals housed pursuant to the contract are detained in a jail, have no “non-residential time”, and may be pending disposition for new criminal offenses to differentiate them from an individual who would otherwise be in a pre-trial detention status pursuant to an arrest in the community and unable to post bail in a similar jail scenario. Therefore, the audit team contends the individuals housed pursuant to the contract would be considered “inmates” who are subject to both the provisions of 115.12 and 115.87(e). In furtherance, the auditor Radziewicz submitted an auditor help request through the auditor portal for standards interpretation guidance.</p> <p data-bbox="252 1780 1484 2072">A response to the auditor helpline request was received June 4, 2019. The guidance was that “the fact that people confined in Community Confinement Facilities are referred to as ‘residents’ does not exempt a jail or prison from any responsibilities in 115.12 because the Prison & Jail Standards say ‘inmate’.” This information was communicated to the agency on June 4, 2019 and a request for a phone conference on how to resolve the issues was requested. As of the date of this interim report, the agency has not responded to this request for a phone conference to resolve the issue.</p> <p data-bbox="252 2116 1452 2150">When evaluating compliance with the provisions enumerated within the standard. The audit</p>

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

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

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

Corrective Action Recommendation:

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

Post Interim Report Corrective Action:

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

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

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

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

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

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

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

The audit team learned that the contracted entities have no infrastructure to comply with PREA at this time, and have yet to develop so much as policy provisions to govern how they will implement the standards. Given the starting point of the contracted entities, the audit team and the MDOC mutually agreed upon a monitoring tactic that would begin with the issuance of a formal contractual corrective action plan issued to the contracted entities, citing their failure to adhere to their contractual obligation to comply with the PREA standards. The corrective action plan must outline achievable and measurable milestones for the contracted entity to meet during various intervals throughout the one-year period of the October 1, 2019 contract. The audit team suggested that the corrective action plan include that the contracted entities be held accountable to implement the most critical components of developing compliance within that initial year, such as development of a policy within three months, completion of staff, contractor, volunteer, and inmate training and education requirements within six months, and implementation of risk screening procedures prior to the end of the contractual year so

that the contracted entities would be on target to achieve full compliance and be prepared for audit by the August 20, 2022 date established within the FAQ. To fulfill their portion of contract monitoring required by the standards, the MDOC would be responsible to gather tangible evidence of compliance through documentation exchanges, hold the contracted facility accountable to the deadlines imposed within the corrective action plan, and to enforce compliance with the plan through its available contractual remedies. The MDOC's PREA staff would be consulted by the agency's contract monitors to assess whether the contracted entity's evidence of compliance was consistent with the PREA standards.

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

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

1. No later than 12/26/2019, your organization must have PREA policies in place, and provide to Contract Monitor, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
 - b. 115.13 Supervision and monitoring.
 - c. 115.15 Limits to cross-gender viewing and searches.
 - d. 115.22 Policies to ensure referrals of allegations for investigations.
 - e. 115.61 Staff and agency reporting duties.
 - f. 115.67 Agency protection against retaliation.

2. No later than 3/24/2020, your organization must develop, and provide to Contract Monitor, PREA training for employees, volunteers, contractors, and offenders, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.31 Employee training.
 - b. 115.32 Volunteer and contractor training.
 - c. 115.33 Inmate education.
 - d. 115.34 Specialized training: Investigations.
 - e. 115.35 Specialized training: Medical and mental health care

3. No later than 6/24/2020, your organization must develop, and provide to Contract Monitor, a risk screening process that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
 - a. 115.41 Screening for risk of victimization and abusiveness.
 - b. 115.42 Use of risk of victimization and abusiveness

4. You must have a certified PREA audit completed on your organization no later than

8/19/2022, and once within each three-year PREA cycle thereafter. Subsequent contract renewals will require continued PREA implementation.

a. 115.93 Audits of standards

b. 115.401-115.405 Auditing and Corrective Action

The contracted entities were given until October 8, 2019 to respond to the corrective action plan.

The audit team was provided with the contracted entity response on October 8, 2019. Both contracted entities agreed to abide by the corrective action plan and agreed to the deadlines the MDOC imposed via the contract corrective action plan. The audit team finds this formal demand for compliance by the MDOC and acknowledgement of the need for corrective action by the contracted entities to satisfy provision (b)'s requirements for the agency to monitor and enforce compliance with PREA provisions of its contracts.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a) MDOC PREA Manual; April 2017 (Pp 20-21 of 34) b) MTU OP 03.03.140 Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners c) PD 04.04.100 Custody, Security and Safety Systems (YY) d) CAJ-1027 Annual Staffing Plan Review of 09/05/2018 e) Deviation from Staffing Plan Memo of September 28, 2018 f) MTU 2018 Annual Staffing Plan Review g) Deputy Warden Round Reader Report (A, B, C, D, E, F Units, Field House, Food Service, Health Care, School, Visiting, Perimeter Check) h) Warden’s Monthly Facility Rounds Log March 2018 <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Warden b) PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Inmate Populations <p>115.13 (a)The PREA Manual specifies the eleven factors enumerated within provision (a) of the standard are taken into account when developing the staffing plan for MDOC prisons. The facility staffing plan, with a completion date of September 05, 2018, verifies that all eleven factors within provision (a) of the standard were used to formulate the facility staffing plan. The facility staff plan enumerates the eleven factors and the facility’s findings.</p> <p>Interviews with the Warden and PREA Coordinator reveal that no recent modifications were made to the staffing plan. The Warden also noted that the facility staffing is monitored constantly through a daily reconciliation report and that the administration has the authority to close posts and reassign staff based on needs, referred to as “ESAs” or essential assignments. Non-essential posts, such as recreation can be collapsed, and activities cancelled to fulfill the staffing plan. The total number of authorized staff for the facility is determined at the agency level; however, the facility administration has the authority to reassign staff posts as needed. The Warden indicated there are over 200 cameras, which provides facility staff with an exceptional support tool to augment existing officer presence. A review of the facility’s staffing plan and an interview between Auditor Grace Franks and the PREA Manager revealed that, although the agency no longer participates in audits by the American Correctional Association (ACA), its staffing levels are predicated on these standards and are audited by the state’s Auditor General. According to the PAQ, the operational staffing plan was originally predicated on 1297 inmates, according to the Active Head Count information, and the facility’s average daily population average of 1251 inmates as reported in</p>

the PAQ.

115.13(b) According to an interview between Auditor Franks and the PREA Manager, the agency does not ordinarily deviate from its staffing plan. The PREA Manager reported that all posts are filled either through voluntary overtime or mandated overtime. An interview with the Warden revealed that staff either volunteer or are mandated to remain at their posts on overtime to fulfill the facility's essential staffing plan. The PREA Coordinator provided in a memorandum to this Auditor that essential posts (i.e. housing units, etc.) will at no time be under minimum staffing requirements. Listed reasons for deviations from the staffing plan include: staff vacancies, sick leave/family medical leave, emergency inclement weather, lack of staff to be mandated, and covering pre-scheduled overflow transportation runs for Ionia Transport Cadre. Daily shift rosters document facility absences and how essential posts are filled. During the audit, this Auditor observed the use of overtime to ensure posts were filled. Interviews with the Warden and this Auditor's observation confirm adherence to the facility staffing plan to demonstrate compliance with provision (b).

115.13(c) 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 Manager for review. The PREA Coordinator reports involvement in the staffing plan process for each facility within the agency. This Auditor was provided a copy of the most current Staffing Plan for the MTU, which was approved by the agency on September 05, 2018. The document includes a thorough review of the facility staffing plan based on internal agency operational audit reports to determine operational compliance with factors similar to an ACA standards audit. There was no identified need to change current operations based on the eleven factors denoted within provision (a) of the standard. A PREA Annual Staffing Plan Review, agency form CAJ-1027, dated September 5, 2018, was provided to validate an annual review of the staffing plan with the Warden, PREA Coordinator and the agency PREA Manager. This form indicates that no adjustments are needed to the video monitoring system, other monitoring technologies, or resources available to the facility to better protect prisoners from sexual abuse and ensure adherence to the staffing plan. Based upon the most recent agency approval of the staffing plan occurring in September of 2018 an annual review of the effective staffing plan is not due until September 2019.

Interviews with the Warden, PREA Coordinator and an interview between Auditor Franks and the PREA Manager, as well as a review of the agency policy, confirm that that staffing plan is reviewed annually by the facility and the agency PREA Manager to demonstrate compliance with provision (c).

115.13(d) PD 04.04.100 Custody, Security and Safety Systems, MTU OP 04.04.100, and the PREA Manual establish policy for unannounced supervisory rounds. Facility supervisory staff document unannounced rounds in the unit logbook in green ink or utilizing the Guard 1 electronic round recording program/device. Pre-audit, the facility provided Guard 1 reports documenting the Warden's and other supervisory rounds taking place within the facility during all three shifts. During the pre-audit, the facility provided photocopies of the Warden's Monthly Facility Rounds Log reports for March 2018 through March 2019. During the on-site portion of the audit, this auditor observed logbook entries on the housing units. However, during the onsite review inmates who were formally and informally interviewed, identified the shower areas as soft spots where sexual abuse allegedly occurs. Another vulnerable area identified

during the onsite visit that presents susceptibility to sexual misconduct is the North Wing Academic restroom. The restroom is located along a heavily travelled corridor and is semi-exposed to passersby. The toilets and urinals, six of each, are located in a restroom where there are no dividers separating inmates from viewing one another when utilizing these facilities. An inmate complainant expressed privacy concerns over the lack of physical barriers between inmates in this shared space. Additional inmates who were informally interviewed by the auditor in the Academic area expressed similar concerns and indicated that often times they will wait until they return to their housing units to utilize the restroom for privacy sake. AIM #25022 involved an inmate who alleged that while he and another inmate were utilizing the restroom he purportedly heard a passerby make a sexual comment toward him. The auditor believes it is necessary to install guard tour points within the group shower entrance-ways and North Wing Academic restroom to ensure that same gender staff are periodically entering these areas to ensure inmate safety and deter incidences of sexual abuse. Also, identified during the audit tour as a vulnerable area for possible sexual misconduct was the Principal's office, which is situated in the North Wing Academic area in a secured office where two other work stations are established for the principal's secretary and an inmate worker. Staff safety could be compromised in this area because of the physical plant layout which does not enable a direct line of sight to the door leading to the Principal's office or the secretary's workspace.

Through interviews with the PREA Coordinator and review of logbook activity, facility Lieutenants complete rounds on a daily basis on all shifts. Shift Commanders and the Deputy Wardens complete weekly rounds within the housing units, with those rounds covering all three shifts on a monthly basis. The facility PREA Coordinator was interviewed by this auditor and reported that rounds are conducted regularly, staff are not permitted to notify others of occurring rounds and that he routinely changes his patterns to ensure rounds are not predictable. Radio traffic is not permitted to ensure rounds are not announced. Rounds are documented using the Guard 1 electronic round recorder. During the tour, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of supervisors during each shift on the housing units. During the onsite visit, round reader reports were reviewed for randomly selected dates in August and December 2018 and April 2019, for three separate areas (A and F Units and the School Programs Hallway). All reports confirmed that rounds were regularly conducted. Additionally, this auditor reviewed door cards A Housing Unit when the round reader was temporarily out of order and verified that door cards were marked to demonstrate rounds were consistently being made as required by policy. A review of agency policy, interviews with the facility administration, informal interviews with line staff, and a review of logbook entries, printouts of guard tour points from different housing units shall satisfy the auditor's request to find provision (d) in compliance of the standard.

Corrective Action Recommendation:

It is recommended that the MTU provide a photograph of the convex mirror that was anticipated to be installed in the North Wing Principal's office to remedy an observed blindspot by the auditor during the onsite visit to satisfy §115.13 (c) of the standard.

POST INTERIM REPORT CORRECTIVE ACTION: Following the submission of the interim report, the facility communicated that it completed a work order for the installation and approval of a convex mirror to be installed in the North Wing Principal's office to remedy an observed blindspot during the onsite visit. The facility provided a copy of a work order to install

this mirror , which sufficiently addresses this area of concern rendering the standard compliant.

Additionally through discussion with the facility it was recommended that the facility develop procedures to ensure that inmates cannot congregate within the shower areas for unauthorized purposes as was noted that the showers were freely open for inmates to access at will. Through discussion with facility and to enhance accountability, the facility agreed to implement a procedure where inmates would sign in and out for use of shower by placing their ID cards at the Officer's desk, which is situated at the shower entranceway. This enables an officer to account for the number of inmates within the shower area and to track any potential patterns of suspected illicit activity. Also, the facility agreed to keep porter closets closed and locked to further deter unauthorized activity.

The facility provided a copy of the shower logs and procedures during the corrective action period to ensure inmate accountability and generate the ability of staff to monitor activity in a vulnerable area. Specifically, the facility will post shower logs at the officer's desk, where inmates will be required to sign in and out of the shower. As an additional accountability measure, inmates entering the shower will be required to leave their ID at the officer's desk to ensure accountability and to ensure no more than the authorized total of inmates would be present in the shower area at any given time.

These accountability measures will enhance the supervision and monitoring of inmates in the blind spot of the shower area and augment those staffing and monitoring procedures detailed in the facility's staffing plan in satisfaction of the standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <p>a) PD 05.01.140 Prisoner Placement and Transfer (Page 5)</p> <p>b) MDOC PREA Manual; April 2017 (Pages 11-12)</p> <p>2. Interviews:</p> <p>a) Warden</p> <p>b) PREA Coordinator</p> <p>3. Site Review Observations:</p> <p>a) Inmate Population</p> <p>115.14 (a,b,c) Richard A. Handlon Correctional Facility is a male adult correctional facility. MTU does not house youthful inmates. PD 05.01.140, Prisoner Placement and Transfer, Section Y, page 5, outlines the agency’s approach to housing youthful inmates. Agency policy directs that male youthful inmates be housed at the Thumb Correctional Facility (TCF) and female youthful inmates be housed at Women’s Huron Valley Correctional Facility (WHV). If a youthful inmate must be placed at another facility for the purposes of medical or mental health care, the placement must be approved by an agency Deputy Director and accommodations for sight, sound and physical contact separation must be made.</p> <p>During the audit tour, the auditor observed no youthful inmates present within the facility. Through various interviews with agency and facility leadership, each confirmed that youthful inmates are not housed at the facility. Based upon auditor observations, inmate rosters and interviews with agency and facility leadership, it was concluded that MTU does not house youthful offenders and is therefore compliance with (a) (b) and (c) of the standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.15</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a) MDOC PREA Manual; April 2017 (Page 15, 16) b) Michigan compiled Law 764.25 (b) (p1) c) MTU OP 04.04.110A Search and Arrest of Prisoners, Employees and Visitors (Page 2) d) MTU OP 03.03.140 (Page 2, GGG, 3, TT) e) PD 04.04.110 Search and Arrest of Prisoners, Employees & Visitors (Page 2) f) Prisoner Strip Search g) Personal Searches Training Module (hr 5-4) h) MDOC Knock and Announce Sign i) MTU Photos of Modifications (F-Unit Shower, A, B, C, D, E Unit Showers) j) Privacy Sign/Bi-Lingual Privacy Sign k) MDOC Computer-Based Training l) PD 04.06.184 Gender Identity Disorder (GID/Gender Dysphoria (Page 2, l) m) Custody and Security in Corrections Page 2-Searches n) Personal Searches: The Application of Search Procedures for GID and Transgender Prisoners In-Service Training Module September 2013 o) Course History Report TADS GD Transgender Pat Search Training <p>2. Interviews:</p> <ul style="list-style-type: none"> a) PREA Coordinator b) Random Staff c) Medical Staff d) Transgender Inmate <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Shower and toilet areas in housing units b) Posted Knock and Announce signs c) Observance of Knock and Announce procedures d) Posted housing unit rules <p>115.15 (a) PD 04.04.140 Search and Arrest in Correctional Facilities, OP MTU 04.04.110A and the PREA Manual establish procedures to attempt to limit cross gender viewing and searches in the event of occurrences, and procedures for opposite gender announcements on housing units. The MTU PAQ indicates that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates and that no cross-gender strip or cross-gender visual body cavity searches, including those involving exigent circumstances were conducted during the 12 months preceding the PREA audit.</p> <p>115.15 (b) Richard A. Handlon Correctional Facility (b) houses only male offenders (N/A).</p> <p>115.15 (c) Policy 04.04.110 and the PREA Manual establish policy for provision (c) and</p>

require that a report be submitted to the Warden of the facility by the end of the shift when a strip search was conducted by or in the presence of an opposite gender employee. The PREA Manual directs that pat searches of female inmates be conducted by female staff only. It is required per policy that visual body cavity searches be completed by licensed medical professionals. It is recommended within policy that an additional staff be present during the course of such a search and that a staff person must be of the same gender as the person receiving the visual body cavity search.

The facility PREA coordinator confirmed there were no reported cross gender strip, visual body cavity or pat-searches conducted by the facility. Random staff interviews confirmed that line staff receive training on search procedures. Four random female staff members reported during formal interviews that as female staff members they are aware they are not permitted to conduct strip searches at the facility. It is noted that there are a small number of female staff employed at the MTU. The auditor notes that the facility does not house female inmates, enabling the auditor to determine compliance with provision (c) of the standard.

115.15 (d) During the tour, the auditor observed numerous large red font Knock and Announce postings, directing that “STAFF OF THE OPPOSITE GENDER MUST KNOCK ON THE MOST INTERIOR DOOR OF THIS BUILDING AND ANNOUNCE “MALE/FEMALE IN THE AREA” (as appropriate) IN A LOUD CLEAR VOICE PRIOR TO ENTERING THE HOUSING UNIT.” The Knock and Announce requirement is included in the PREA Manual, Cross Gender viewing, page 15, and the MTU OP 03.03.140 Prohibited Sexual Conduct involving Prisoners, page 2, where it is additionally noted that females staff who announce their presence each time they enter a housing unit must wait 10-seconds before entering the area. All randomly selected staff who were interviewed unanimously reported that opposite gender announcements are made. The audit team infrequently heard female staff members announce their presence on the housing units due to the low female to male ratios. However, random interviews of select female staff throughout the tour route indicated that they do announce their presence each time they enter a housing units. The audit team also observed bilingual Privacy Notice postings within the housing units, which informs inmates that female staff may be in the unit/area at any given time. It prohibits inmates from willful or intentional display of their genitals.

During interviews with random inmates the majority (26 of 40) inmates stated that female staff announce their presence when entering the housing units. Nine inmates stated female staff do not announce their presence, three inmates indicated that announcements were “sometimes” made by female staff members, and four responses were deemed to be unknown and associated with the inmate’s limited cognitive abilities. Some negative and uncertain responses can likely be attributed to the inmate’s location in within the unit, the style or configuration of the units, i.e., dormitory vs. cells/rooms, and amount of activity/noise within the unit at any given time. While some state announcements are sometimes difficult to hear, the practice is in place. One female officer who was informally interviewed by the auditor during a tour of the Social Skills Development Unit, confirmed that announcements are consistently made whenever females enter the unit. Based upon the inmate interview results, it can be concluded that staff are announcing as required. Informal interviews with line staff throughout the dormitory settings confirm that opposite gender announcements were being made routinely and that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender. Inmates corroborated staff interviews indicating that they felt they

had privacy to dress and shower without being viewed by the opposite sex. This auditor also reviewed digital photographs that were provided with pre-audit materials of "PREA" privacy panels and curtains in use at the MTU on mesh shower doorways.

115.15 (e) The PREA Manual, MTU 03.03.140 and PD 04.06.184 Gender Identity Disorder (GID) Gender Dysphoria, page 2, establish policy prohibitions against searching transgender or intersex inmates for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with provision (e) of the standard. If genital status is unknown it may be determined through conversations with the prisoner, by reviewing medical records, or, if necessary, as part of a broader medical examination conducted in private by a medical practitioner. A transgender inmate who was interviewed denied being examined or strip searched for the sole purpose of determining genital status.

115.15 (f) The auditor reviewed the Custody and Security in Corrections Part 2 – Personal Searches, The Application of Search Procedures for GID and Transgender Prisoners, and the MDOC Training Division's 2019 Training Plan. Training was developed for custody and non-custody staff who are presented separate modules of GD/Transgender Personal Searches to include pat-down searches, clothed body searches, and the use of the bladed hands technique. The 2019 Training Plan indicates that transgender pat search training is a two hour curriculum and required to be completed annually by all MDOC staff. The most current Course History Report was provided during the onsite visit and identifies a listing of active staff members who have successfully completed the course training. During staff interviews, 12 of the 14 randomly selected staff were able to confirm that they received training for professional and respectful searches of transgender and intersex inmates; with those staff being able to demonstrate the "butterfly" technique for effective searches of the breast area when necessary.

Based upon the auditor's review of MDOC policy directives, local MTU Operating Procedures, the PREA Manual, site review observations as noted, and interview results of staff and inmates, it is concluded that MTU meets the requirements of the standard.

POST INTERIM REPORT ACTIONS TAKEN:

Although not specifically identified as a required action for compliance during this audit, the facility installed a newly designed custom door for the restroom areas in the facility. This door design arose out of another facility audit within the agency. Since the audit, the agency has implemented a procedure where all physical plant corrective actions will be addressed through the agency's central office approval process and uniformly installed at all similar facilities who could potentially be impacted by the structural design modifications. These doors are solid metal with upper and lower mesh cut-outs so that an audible cry for help could be heard and staff can view inwards to ensure that a single inmate is located within an individual restroom facility without seeing genitals of an inmate using the facilities. Again, the facility did not have a specific issue with cross-gender viewing in its restrooms; however, this augmented an already compliant process further in excess of the standard's minimum requirements.

115.16	Inmates with disabilities and inmates who are limited English proficient
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.16</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a) MDOC Prison Rape Elimination Act Manual; April 2017 (Pages 18) b) PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (Page 2 EEE) c) MDOC Identifying and Addressing Sexual Abuse and Sexual Harassment (Braille) d) Language Services Memo e) Bi-Lingual Informed Consent Poster f) Bi-Lingual Privacy Notice Sign g) JDI Poster English & Spanish h) Prisoner Guidebook June 2014 Spanish i) Sexual Abuse Poster- Spanish j) Sexual Violence Tri-Fold Pamphlet Spanish k) Language Services Memo <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Disabled/Limited English Proficient Inmates b) Random Staff c) Informal interviews with line staff <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Teletype machine b) Posted PREA reporting information-Spanish version c) Spanish guidebook d) Kiosk <p>115.16 (a-b) The agency PREA Manual requires that the Department provide prisoner education in formats understandable by the entire prisoner population. PD 03.03.140 specifies that the agency PREA Manager is responsible for the creation and distribution of standardized training materials, and the agency will contract with any interpreters as necessary to reach disabled or limited English proficiency (LEP) inmates. The PREA Manual, along with training materials, were reviewed by this Auditor in determining compliance with provision (a) of the standard.</p> <p>This auditor observed, through a review of agency educational materials, that the agency makes significant efforts to reach LEP inmates and those who may be deaf by captioning PREA inmate training videos in English and Spanish. The agency also produces a PREA specific brochure in Spanish, as well as publishing its Prisoner Guidebooks in Spanish. A braille version of the PREA pamphlet was created for blind inmates and a sign language interpreting service is available.</p> <p>An interview with Auditor Franks and the agency head's designee confirmed that the agency</p>	

takes significant steps to ensure that materials are provided in various formats to include captioning of the PREA inmate video including Spanish.

Of the random interviews conducted during the on-site portion of the audit, four inmates identified as having cognitive disabilities or hearing impairment were interviewed. All inmates affirmed that the facility provided information about sexual abuse and sexual harassment in a format that they were able to understand or would provide assistance to help them communicate information regarding sexual abuse and sexual harassment. The MTU does have the availability of a sign language interpreter, a TTY machine, and tele-interpreter services for use with varying languages. An inmate identified as Limited English Proficiency was identified during the pre-audit to be interviewed. However, the auditor learned while onsite that the inmate was transferred and no inmates identified as Limited English Proficiency were housed at the facility at the time of the onsite audit.

Posters displaying PREA reporting information in English and Spanish text were observed in each housing unit. The facility provides its prisoner guidebook in both English and Spanish. The agency publishes a Spanish version of its PREA tri-fold brochure. Privacy signs translated in Spanish were observed during the audit tour. This auditor requested a Purchase Order for interpretation services in determining compliance with provisions (a) and (b) of the standard. During the formulation of this interim report, the auditor requested additional documentation of support of provision (b) of the standard; however, has not received this information. Once this information is received and it verifies compliance with provision (b); the auditor will determine compliance.

115.16 (c) Agency policy PD 03.03.140 and PREA Manual prohibit the use of inmate interpreters and were reviewed in determining compliance with provision (c). During random interviews with custody staff and informal interviews of line staff during the audit tour, the majority appeared to understand that the use of an inmate interpreter for complaints of sexual abuse was only acceptable under the circumstances where a delay could compromise an effective response. The majority of randomly interviewed staff were able to effectively articulate that inmate interpreters could only be used under those circumstances where a delay could negatively impact the ability to respond to a report of sexual abuse or sexual harassment. Those individuals who were uncertain related that they believed an inmate could seek the assistance of an interpreter to assist with a third party report or to obtain basic reporting information to bring an allegation to staff's attention.

Corrective Action Recommendation:

It is recommended that MTU provide supporting documentation (i.e., purchase order) which identifies a translation service has been in place during the audit time period and is currently under an active contract in order for a compliant rating to be rendered for provision (b) of the standard.

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the facility provided a Purchase Order 190000000802 from Real Time Translation, Inc. with a yearly contract starting October 1, 2018 and ending September 30, 2019. Based on the provision of this documentation the auditor finds that the facility has adequate resources to meet the translation needs of its inmate population, and therefore determines the facility has provided sufficient evidence to

find compliance.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.17</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a) MDOC Prison Rape Elimination Act manual April 2017 (Pages 18-20 b) PD 02.06.111 Employment Screening (Page 1-D., 2-E., F., J. K; 3-S.; 4-T.) c) Corrections Officer Recruitment d) Corrections Supervisor Application Questions e) Arizona Responses for three separate candidates f) Geo Response g) PD 02.01.140 Human Resource Files (Page 5 CC.) 2. Interviews: <ol style="list-style-type: none"> a) Human Resource Supervisor b) Warden 3. Site Review Observations: <ol style="list-style-type: none"> a) Review of online personnel files for promotional, new hires and current employees b) Verification of Lein checks (MDOC Facility Entry Database Report 04.26.2019) c) Verification of Questions on applications being answered <p>115.17 (a-1-3) 02.06.111 Employment Screening (effective 03/13/2017) and the PREA Manual establish hiring procedures and were reviewed in determining compliance with provision (a). The employment screening policy and PREA Manual clearly prohibit hiring and promoting staff who have engaged in all of the elements denoted within provision (a) of the standard.</p> <p>Corrections Officer job postings, application questions and a promotional application were reviewed and provided as proof to demonstrate the agency and facility considers these factors for hiring and promotional decisions. The facility conducts background checks on all staff every three years, in June. Through an interview with the Human Resource Director, these background screenings (LEIN checks) are conducted in the Records office. The facility conducts checks on those staff directly hired, currently employed and those staff transferring into the facility, while the Department's central office staff complete the LEIN's (backgrounds) on all new hire custody staff. Human resource staff are required to review the criminal background (LEIN) Check verification form within files prior to issuing staff their identification to the facility. The auditor observed that these records are maintained in the agency's NEOGOV online hiring records while onsite.</p> <p>A review of facility hiring records, online agency application materials, interviews with the agency PREA Coordinator and Human Resource staff confirm that the Richard A. Handlon Facility is compliance with provision (a 1-3) of the standard.</p>

115.17 (b) PD 02.06.111 (E), the PREA Manual (p 19) and sample applications for employment were reviewed in determining compliance with provision (b). Adequate screening for incidents of sexual harassment are present within the materials. Sample applications for new hires, contractors and volunteers were reviewed. The employment application and clearance check materials demonstrate consideration of incidents of sexual harassment in the hiring process. The HR staff person interviewed for the specialized staff interviews explained that any prior incidents of sexual harassment are considered when determining whether to hire or promote a candidate for a job change or promotion. Any applicants with a history of engaging in sexual abuse would not be hired or promoted.

A review of policy and the interview with HR staff confirms that the facility is not responsible for conducting background checks of newly hired custody staff. This function is completed at the agency level by central office staff where candidates are centrally hired and allocated to facilities. However, every applicant to the Michigan Department of Corrections must complete an electronic application process where sexual harassment screening takes place. Human Resource (HR) staff at the facility monitor responses in those application materials to consider the sexual harassment application materials (questions #12 and #15) demonstrate consideration of incidents of sexual harassment in the hiring process to find compliance with provision.

A review of facility hiring records, agency application materials, and interview between Auditor Franks and the agency PREA Manager, and an interview with the facility HR staff confirm that the MTU is compliant with provision (b) of the standard.

115.17 (c) 02.06.111 Employment Screening (F, K, R) and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with this provision. A review of policy and the interview with HR staff confirms that adequate screening for incidents of sexual harassment are present within the materials. The MTU PAQ reports 61 staff hired in the last 12 months who may have contact with inmates, and had criminal background record checks, and 11 contracts for services where criminal background record checks were conducted on staff covered in the contract who might have contact with staff. A random sample of fifteen (15) HR personnel files was conducted to verify that criminal history background checks for new hires, contractors and volunteers were reviewed, as well as, Authorization for Release of Information and Verification of Employment, potential employees/contractors are required to sign and included with an authorization for release of information to former institutional employers for information on substantiated allegations of sexual abuse/harassment or any resignation during a pending investigation of an allegation of sexual abuse or harassment. The employment application and clearance check materials demonstrate consideration of incidents of sexual harassment in the hiring process. The HR staff person interviewed explained that any prior incidents of sexual harassment are considered when determining whether to hire or promote a candidate for a job change or promotion. Any applicants with a history of engaging in sexual abuse would not be hired.

115.17 (d) Agency policy 02.06.111 and the PREA Manual were reviewed in determining compliance with provision (d). An interview with HR staff revealed that background checks are completed on contractors in Lansing Michigan (central office) which houses "DAS" (the Document Access System), the repository for statewide contractors. During the onsite, a comparison of Individual Training Program Reports with the MDOC facility Entry Database confirmed that LEIN's were completed for the newly hired contractors in support of finding

compliance with provision (d).

115.17 (e) According to policy 02.06.111 Employment Screening (S), the PREA Manual (p20) and staff interviews, LEIN checks are completed by the records supervisor every three years in accordance with policy, not five years as per the standard. During the onsite, the auditor was provided a confirmation email and spreadsheet verifying that all LEIN checks were last completed in the fall of 2018 in accordance with policy. This auditor finds that the facility exceeds the provision of this standard since it stipulates every five years, rather than three years.

115.17 (f) During the onsite, the auditor reviewed sample applications for hires of new corrections officers (question #12 and promotional applications (question #15) and the MDOC PREA Manual to demonstrate that the agency requires all applicants to provide information regarding the misconduct described in provision (a) of the standard when applying for employment or promotion and during any self-evaluations. In addition to application materials, the PREA Manual requires that employees have an ongoing obligation to disclose any sexual misconduct. The facility demonstrates compliance with this provision.

115.17 (g) Agency policy 02.06.111 (J) and the PREA Manual, which were reviewed by the auditor, direct that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. The agency policy and the PREA Manual sufficiently cover provision (g) of the standard. The facility indicates that there have been no such instances where material omission, have been discovered.

115.17 (h) Agency policy 02.01.140 Human Resource Files (CC 1-6), and the PREA Manual establish procedures for provision (h) of the standard to ensure information on substantiated allegations of sexual abuse or sexual harassment are provided to requesting agencies regarding former MDOC employees and were reviewed by this auditor. The facility provided Department documentation of responses provided to other facilities for review to assist the auditor in finding the agency compliant with this provision.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.18</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> b. MDOC PREA manual, April 2017 (p21) c. Sample of CAH-135 Project Review and Approval (1) d. Monitoring technology upgrades e. April 23, 2019 Memorandum re March, 2019 Monthly Facility Maintenance and Project Update Meeting 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Warden c. PREA Coordinator d. Informal staff interviews 3. Site Review Observations: <ol style="list-style-type: none"> a) Camera placement b) Mirrors, round reader stations, c) Video monitor <p>115.18 (a) The PREA Manual, was reviewed in determining compliance and states that when acquiring a new facility and when modifying or expanding existing facilities, to include the expansion of video or other monitoring technology, the agency and facility must consider the ability to protect inmates from sexual abuse within the plans. An interview of the agency head by PREA Auditor Franks confirms that neither the agency nor the facility have substantially expanded or altered existing facilities since August 20, 2012. No new facilities were reportedly acquired by the agency. As reported by Auditor Greishaw in a previous audit within the agency, the agency did modify a portion of the physical plant at the women’s correctional facility at Huron Valley to accommodate youthful female inmates at the facility. Additional cameras with audio capabilities were added to that facility to ensure inmate safety and PREA compliance. The agency has equipped staff with Tasers that record audio, which can be used without deployment to capture incidents where pertinent to PREA compliance. A blank copy of Form (CAH-135) was provided in pre-audit documentation. As reported by the PREA Coordinator during the onsite, a Field Training Audit was conducted in December 2018 and substantial mirror placement was made. The Warden confirmed that there has been no other expansion or modification to the facility, which currently operates in its original state since 1956. A photocopy of April 23, 2019 memo was provided during the onsite regarding the March, 2019 Monthly Facility Maintenance and Project Update Meeting to indicate that “PREA Work” (listed as item #1 in the memo) is currently being discussed for future update plans.</p> <p>115.18 (b) During the onsite tour of the facility, it was noted that there was significant camera coverage providing an excellent deterrent, detection and video retrieval capability. The cameras were noted to be strategically placed, and supportive of on-post personnel. Auditors</p>

spent time in the Control Center with regular post personnel who oriented auditors to many features of the CCTV system. The facility currently has 232 cameras in place. During the post audit period, the facility provided additional information about a video upgrade that was mentioned by the PREA Coordinator during the facility tour with the auditor. It was reported that Phase 1 and Phase 2 projects for Exterior and Interior Camera systems were upgraded by select contractors and completed at the MTU in September 2015 and April 2017, respectively. The facility also installed an electronic tour scan verification system that was observed during the tour. This system is in operation. The reader points are located in all buildings to verify that security rounds are conducted at all points within all areas of the housing units and throughout the facility at required intervals. A map of round reader locations was provided during the onsite. The strategic deployment of the video monitoring technology and round reading technology demonstrates the agency and facility dedication to compliance with provision (b) of the standard.

The auditor's interviews of the Warden and PREA Coordinator, while onsite, revealed that the implementation of the PREA standards were considered by facility administrators for optimal camera placement and installation of convex mirrors to mitigate any potential blind spots. The auditor observed that the camera placement in toileting areas and other areas where cross-gender viewing could occur did not compromise inmate privacy.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a) MDOC PREA Manual; April 2017 (pp 26-28) b) MDOC Crime Scene Management and Preservation Manual (all) c) MSP Letter September 30, 2015 d) PD 03.04.100 Health Services (10-UU) e) PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp 2, 9-10, 2.X1., 9. MMM,) f) Victim Advocate Memo and Training Curriculum Requirements (5) g) MOU of November 29, 2018 with Sparrow Hospital to provide SAFE/SANE services h) Facility trained advocates pursuant to memo provided above (pp 1-2) <p>2. Interviews:</p> <ul style="list-style-type: none"> a) Medical staff b) Investigators c) Random staff d) Informal staff e) Staff of Ionia Sparrow Hospital <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a) Review of investigations (pre site audit). b) Facility staff have available to them a PREA Pocket Guide <p>115. 21 (a). According to the agency's Crime Scene Management and Preservation training manual and the PREA Manual, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command. During interviews with facility medical staff and investigators, the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. The agency's protocol, which is outlined in the PREA Manual and Crime Scene Management and Preservation training manual, demonstrates that the agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene. These procedures allow for the criminal investigative agency, MSP, to maximize the collection of available evidence within the crime scene. Forensic examinations are conducted by SAFE/SANE examiners at Sparrow Ionia Hospital.</p> <p>Through random staff interviews and informal interviews during the audit tour, all security staff related that they 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. Four evidence retention boxes were observed during the onsite tour in various areas to include the medical area. Crime Scene Management and Preservation training materials cover the necessary</p>

technical detail to aid first responders in preserving available evidence to demonstrate compliance with this provision (a) of the standard.

115.21 (b). Uniform evidence protocol is covered in Crime Scene Preservation Trainer's Manual. The manual was reviewed by this auditor in determining compliance with provision (b). Training materials cover the necessary technical detail to aid first responders in preserving available evidence. Youthful inmates are not housed at this facility; however, staff are adequately prepared to address the needs of this population through training materials and the PREA Manual's guidance. Random staff interviews confirmed that potential first responder security staff are aware of their responsibilities to protect any applicable crime scene and ensure that those involved take no action to destroy physical evidence. According to the agency's Crime Scene Management and Preservation Trainers Manual and an interview between Auditor Franks and the agency PREA Manager, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command, which demonstrates compliance with this provision.

115.21 (c). Policy 03.04.100 and the PREA Manual, were reviewed by this auditor in determining compliance and specify that forensic examinations are provided without cost to victims of sexual abuse. Through a review of the PAQ and pre-audit documentation, this auditor found evidence of three forensic examinations during the audit review period. The auditor called the Sparrow Hospital and confirmed that the hospital may receive inmates from the MTU for the purposes of conducting forensic examinations. During an interview of the Emergency Room RN at Sparrow Ionia Hospital, it was confirmed that inmates from MTU are provided with this service as its outside medical provider. The interviewee confirmed that SAFE/SANE trained staff are employed 24/7 and available on all shifts. The Sparrow Ionia Hospital official also confirmed that there are five SANE certified staff members responsible for conducting all forensic medical examinations. The established protocol between the facility and hospital requires that the facility notify the hospital that an inmate is being transported to the facility for an examination. Sparrow Ionia Hospital will make arrangements for victim advocacy services while the inmate is enroute to the facility for accompaniment through the examination process if requested.

Through a review of agency policy and an interview with the Emergency Room RN at Sparrow Ionia Hospital, this auditor determined that the facility is in compliance with provision (c) of the standard.

115.21 (d). An interview with the PREA Coordinator during the onsite review revealed that there is no MOU with local victim advocate service or rape crisis center. Additionally, pre-audit documentation was reviewed by this auditor from the MDOC Deputy Director, dated November 28, 2016, indicating that in the absence of a formal agreement with a victim advocacy organization or local rape crisis center, the facility's medical and/or mental health staff shall be trained and act as advocates. The PREA Compliance Manager indicated during his interview that a listing of the individuals who have received advocacy training is maintained in the control center and inmates are offered this service. During the onsite review, this auditor was provided a listing dated April 29, 2019 identifying 44 staff members who have completed advocacy training through the Office for Victims of Crime, Training and Technical Assistance Center (a component of the US Department of Justice). This auditor was provided the series of training materials that the agency adopted from the Office for Victims of Crime Training and

Technical Assistance Center to train its staff to act in the capacity of a qualified staff member and found the curriculum to be sufficient. During the post audit review of additional investigation files it was discovered that an inmate who was transported to an area hospital within the past 12 months following a report of sexual abuse did not receive advocacy services. The CAJ-1020 accompanying the investigation file AIM 27352 reflects that the hospital did not have a victim advocate available at the time medical service was provided. It is noted, that the agency trains its medical and mental health staff to serve as qualified staff members to serve as a victim advocate. There is no record that the inmate requested such services. Furthermore, records from the facility indicate that the alleged victim declined any interaction with any facility medical/mental health staff in response to the allegation. Based on the absence of the triggering request required under provision (c), the agency demonstrates compliance.

The PREA Manual and Memo with Michigan State Police (MSP), which were reviewed by this auditor confirm that both the agency, the criminal investigative unit and the facility will permit a victim advocate to accompany a victim through the forensic medical examination and investigatory interviews.

115.21 (e). The facility and agency have identified mental health and medical staff to serve as qualified staff members to provide advocacy services during any investigatory interview in the event that a community-based rape crisis advocate is not available. The facility provided documentation identifying the 46 staff who work on different shifts and have completed this training. The listing is maintained in the control center. The MSP memorandum confirms that the investigative agency has agreed to allow this individual access during forensic medical examinations and interviews consistent with standard §115.21. The facility has appropriate measures in place to provide advocacy services during a forensic examination and investigatory interviews to demonstrate compliance with this provision of the standard.

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

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

115.21 (h). The facility attempts to make a rape crisis advocate available; however, has yet to enter into a formal agreement. In the event such services are necessary, the MTU may use qualified medical or mental health from the facility who have received training in trauma informed care and are generally educated in the forensic examination procedures if an outside advocate is not available. The agency PREA Coordinator informed Auditor Franks that the agency has trained and continues to train facility staff to serve as qualified staff members for the purpose of providing advocacy services. This auditor was provided the series of training materials that the agency adopted from the Office for Victims of Crime Training and Technical Assistance Center to train its staff to act in the capacity of a qualified staff member and found the curriculum to be sufficient. The facility provided this auditor training rosters and materials of 46 medical and mental health staff having completed the training. Completion of the training provides an awareness of the specialized knowledge required to provide support to a victim of sexual abuse consistent with determining compliance with provision (h) of the standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (pp 28-30) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp 8-10) c. PD 01.01.140 Internal Affairs (All) d. All 2017 Investigation reports e. MSP Memo regarding PREA Compliance (1) f. MDOC Web page showing links to policies (pp 1-2) 2. Interviews: <ol style="list-style-type: none"> a. Warden b. PREA Coordinator c. Investigator d. Incident Review Team Member <p>115.22 (a). The auditor reviewed agency policies PD 03.03.140, PD 01.01.140, and the PREA Manual when assessing compliance. The PREA Manual (which supersedes all prior policies) confirms that all allegations are entered into the database for investigation. An interview with the Warden confirms that all allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and interviews with the Warden, PREA Coordinator and Investigator confirms that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities. Twenty six (26) investigations of the 39 reported in the MTU PAQ were reviewed during the pre-audit, onsite visit and post audit period, which include referrals from other facilities, grievance referrals and verbally reported incidents. Following the onsite portion of the audit, investigations were reviewed with multiple methods of reporting evidence in the predication of these investigations, including grievance, verbal reports to staff, and observations of staff during security rounds, and notifications of sexual abuse from other facilities. The MSP are responsible for conducting criminal investigations should criminal behavior be observed during the facility's administrative response. Agency policies, interviews and a review of facility investigations demonstrates that the facility is in compliance with this provision of the standard.</p> <p>115.22 (b). Michigan State Police investigate criminal allegations involving staff and inmates as specified under the reviewed PD 01.01.140. PD 03.03.140, which was reviewed by this auditor addresses referrals of prisoner on prisoner and staff on prisoner sexual abuse allegations of a potentially criminal nature to MSP. The Agency publishes its policy on its public website; however, it is not necessary to meet provision (b) of the standard. An interview with a facility investigator confirmed they are aware of their obligations to refer allegations of a criminal nature to MSP. During a review of facility investigation files, there was insufficient evidence to support that the facility refers potential criminal allegations to Michigan State Police (MSP). Specifically, this auditor reviewed AIM 27477, which involved an allegation of</p>

anal penetration with no evidence of referral to the MSP; AIM 27480, which again involved an allegation of anal penetration which has no evidence of referral for criminal investigation; and AIM 27479, which involves an allegation of forced oral sex, which has no evidence of referral to MSP. The only allegation of sexual abuse with a documented referral to the MSP was in AIM 27352 where there was an allegation of anal penetration with a foreign object. Based upon the review of investigations, there is insufficient documentation to verify that allegations of a potentially criminal nature are referred to the MSP for criminal investigation in accordance with provision (b) of the standard. Therefore, the MTU will need to adhere to the agency's policies and establish procedures to document its referral to MSP for allegations of a potentially criminal nature.

115.22 (c). This auditor reviewed and verified that policies 01.01.140 and 03.03.140 are available on the agency website. The policies outline the specific responsibilities of the agency and the MSP when conducting criminal investigations to demonstrate compliance with provision (c) of the standard.

This auditor is not required to audit provisions (d) and (e) of the standard to determine facility compliance.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.31</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p 9-10) b. In-service Training Plan 2016, 2015 (p.10; pp 5, 9, 11-12, 15, 15) c. 2016 Menu Course Training Catalog (pp 7,9) d. New Employee Training Plan, 2016, 2015 e. PREA Sexual Abuse and Sexual Harassment in Confinement f. Program A, CFA Security Regulations Training Manual (pp 30-38) g. 2016 PREA Training Module 1 (pp 1-84) h. 2016 PREA Training Module 2 (pp 1-102) i. Staff Training Records (pp 1-29) j. CCM-W Training Module 3 k. Handout 1 Module 5 PREA (pp 1-4) l. Handout 2 Module 8 Mothers Infants and Imprisonment 2009 (pp1-39) m. Handout 3 CCM-W Implementation Kit 08-09 (pp 1-20) n. Handout 4 Relational Approach Skill Steps (p 1) o. Handout 5 CCMW Cog Skills (pp 1-3) p. CCMW Module 3, What is Gender Responsive Training (WHV Only) (all) q. PREA, CBT (pp 79-84 quiz) r. TADS Course History Report (04/11/2019 and 05/02/2019) 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator b. Random Staff c. Informal Staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Staff familiarity with PREA <p>115.31 (a 1-10) 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 ten points required by the standard. The training curriculum consists of two separate modules, consisting of 87 and 102 slides respectively, including the mastery tests, where employees must obtain a passing score of at least 70% to receive training credit. The first module provides an introduction and overview of the Prison Rape Elimination Act, identifies those acts defined as prohibited behaviors under the standards, and addresses staff interactions and communications with inmates that are a necessary component of communicating professionally and effectively with all inmates (a-9). Module 1 also dedicates full chapters to address the key concepts of zero</p>

tolerance (a-1), an inmate's right to be free from sexual abuse and sexual harassment (a-3), prohibition on retaliation (a-4), the dynamics of sexual abuse and sexual harassment in confinement (a-5), and the common reactions of sexual abuse and sexual harassment victims (a-6). Module 2 contains information to address how to detect and respond to signs of threatened and actual sexual abuse (a-7), how to report incidents, including mandatory reporting (a-10) and act as a first responder (a-2), how to avoid inappropriate relationships with inmates (a-8), how to communicate effectively and professionally with victims of sexual abuse and sexual harassment, and LGBT inmates (a-9); and limitations on cross-gender viewing, is provided as part of an employee's initial 320 Hour Corrections Training Program. Computer based training is provided for existing employees and contractors through two detailed training modules. This training is also repeated annually as part of the facility's in-service training requirements. Informal interviews with staff during the audit tour confirm that individuals are informed of all ten factors required by the employee training standard. Staff consistently reiterated information provided to them from the MDOC Sexual Violence Response and Investigation Guide/handbook. 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).

115.31 (b) Richard A. Handlon Correctional Facility does not house female inmates. The agency training materials that were provided to and reviewed by this auditor adequately cover the dynamics of sexual abuse for male and female inmates as required by the provision. Training staff related during the onsite that no staff have transferred from a female facility who would have required gender specific training. Based on a review of PREA training materials and a sampling of training records; the facility demonstrates compliance.

115.31 (c). Richard A. Handlon Correctional Facility provided ample documentation that was reviewed by this auditor to verify that staff at the facility have completed the agency's computer based training on sexual abuse and sexual harassment in confinement settings. Employees are required to complete this training at a minimum of every two years as noted within the agency PREA Manual. However, the training is available annually to aid in fulfillment of annual training requirements. As part of the facility's pre-audit documentation, it provided records of three hundred and five (305) staff completing this training as part of its annual in-service training requirements. Training records and the agency training plans demonstrate compliance with provision (c) of the standard.

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

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.32</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p 10) b. PD 03.02.105 Volunteer Services and Programs (E, Q, S) c. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (all) d. Program A Correctional Facilities Administration (CFA) August 2014 (pp 30-38) e. MTU Program A Training Information Handout Volunteer Training Records (pp 1-10) 2. Interviews: <ol style="list-style-type: none"> a. Contract staff (2) b. Volunteers (2) c. Volunteers from Calvin College (2) d. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Review of LEIN checks b. Review of additional training records <p>115. 32 (a). Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. The agency's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. In addition to the auditor's review of the training materials, the auditor reviewed a sampling of 27 records across multiple contractor and volunteer disciplines provided with pre-audit information. Documentation was also provided and reviewed onsite for five randomly selected individuals that have been cleared between October 2018 to May 2019 to further confirm trainings are provided.</p> <p>115.32(b) Policy 03.02.105 addresses the need for volunteer and contract 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. Two (2) contract staff members and two (2) volunteers who were interviewed by the audit team related their knowledge of their responsibilities for reporting and responding to incidences of sexual abuse and sexual harassment. Each acknowledged their responsibility to report and allegations disclosed to them to either their escort or supervisory staff. The review</p>

of policy, training materials, training records and both formal and informal interviews demonstrate compliance with this provision.

115.32(c). The agency PREA Manual requires that the Department maintain documentation confirming that volunteers and contractors receive and understand the agency's PREA training. During the onsite, the facility provided training rosters to confirm the training of contractors and volunteers and corresponding, signed acknowledgement forms of understanding to demonstrate compliance with provision (c) of the standard.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.33</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p 11) b. PD 04.01.140 Prisoner Orientation (A, B, D, E,) c. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (EEE) d. PD 04.01.105 Reception Facility Services (M) e. RGC OP 04.01.140 Prisoner Orientation (pp 1-2) f. WHV OP 04.01.140 Orientation of New Prisoners (p 2, info section) g. PREA Prisoner Education Verification (CAJ-1036) and Education Materials (pp 1-48) h. JDI Poster English and Spanish “An Inside Line” i. PRC - An End To Silence Inmates’ Handbook on Identifying and Addressing Sexual Abuse j. MTU Orientation Packet including JDI memo k. RGC How to Avoid Sexual violence in Prison Pamphlet l. JPAY Blast Email of April 18, 2019 m. Deputy Director Language Services Memo (p 1) n. Privacy Sign Bi-Lingual o. Tri-fold in Spanish and Braille-Cover p. Prisoner Guide Book in Spanish (p 2) q. Sexual Abuse Poster English and Spanish r. CAJ-1036 Prisoner Education Verification <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Random inmate interviews b. Informal inmate interviews c. Prison Counselor interviews (PC) d. PREA Coordinator e. Intake Staff <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a. Review of 26 random inmate files b. PREA signage <p>115.33(a) PD 03.03.140, PD 04.01.105, PD 04.01.140, OP RGC 04.01.140 and the PREA Manual, which were reviewed by this auditor, address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. The facility reported that 825 of the 852, inmates were admitted to the facility in the last 12 month period preceding the audit, received the training. The difference of 27 inmates were transferred from the institution within the first 30 days. Through a review of pre-audit materials, staff and inmate interviews, and information provided by the PREA Coordinator, education is provided at the agency’s reception sites (Charles Egeler Reception & Guidance Center (RGC) and Women’s Huron</p>

Reception Center) and consists of a video presentation accompanied by a pamphlet "How to Avoid Sexual Violence in Prison" which specifically covers the MDOC's zero-tolerance policy. A staff member is present to respond to questions. Inmate's are also provided information about the emotional support line provided through an agreement with MTU by Just Detention International. However, during the onsite audit of the Charles Egeler Reception & Guidance Center (RGC) by fellow consortium auditors Steven Noll and David Radziewicz, occurring May 22-24, 2019 during the formulation of this interim report; it was discovered that the assumed provision of education at RGC was facilitated by inmate peer specialists and merely consisted of viewing the agency's video and provision of the pamphlet without explanation or opportunity for questions. This agency level education did not address reporting mechanisms within the agency nor its emotional support line with Just Detention International. A Prisoner Guidebook is also reviewed and provided locally during orientation followed by the inmate's acknowledgment and verification that training was received. Inmates sign a PREA Education Verification form (CAJ-136). During intake processing, counselors are required to complete an immediate file review to ensure that documentation of this education session is located within. If documentation of this education is missing, the inmate is immediately scheduled for a repeat of this education at the facility.

During the audit tour, the auditor observed that PREA posters were adequately displayed in those areas where inmates would go for other pertinent facility operational information and in other high traffic areas to also demonstrate compliance with provision (a) of the standard.

During the onsite portion of the audit, an Intake Staff explained that all inmates upon reception are shown the PREA video, which is shown at reception. Inmates also receive PREA handouts and are familiarized with the PREA signage containing contact information. Intake staff meet individually with inmates to provide programming recommendations and have the CAJ-136 signed. At this time, inmates are given the opportunity to ask PREA related questions. PREA trainings are conducted within three to five days of intake, sometimes sooner even though policy requires it be provided within seven days of reception. PREA training is consistently conducted, and provided weekly on Tuesdays and Thursdays. When an inmate does not present for PREA training, they are put on the callout schedule until they show up. In instances when an inmate is in segregation, intake staff report to that area with PREA handout information and personally deliver it.

115.33 (b). PD 03.03.140, PD 04.01.105, PD 04.01.140. RGC 04.01.140 and the PREA Manual address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. This education is completed in electronic format that is accompanied by a brochure that specifically covers the zero-tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. Additionally, information is available in the Prisoner Guidebook. Through an interview with the PREA Coordinator, it was reported that PREA education is initially provided at reception facilities including Charles Egeler Reception & Guidance Center (RGC), for prisoners who will be assigned to other MDOC facilities, including the MTU.

Five (5) of the 40 randomly interviewed inmate did not confirm that educational materials and the PREA video (Taking Action) are shown during the intake process at RCC or the MTU.

However, the majority of inmates interviewed affirmed and could articulate that they were provided the information during the orientation that every inmate is required to attend. Additionally, these inmates also report that information is available in the PREA Resource Guide, continuously disseminated via J-Pay "blasts," and is exhibited on signage posted throughout the facility. During the onsite visit, Facility Orientation forms, obtained from Classification Records for more than 25 auditor selected inmates, confirmed that inmates received PREA training and resource materials upon intake at MTU. The auditor was able to verify that inmate training was provided in accordance with policy to demonstrate compliance with this provision. Inmate training receipts demonstrate sufficient compliance with this standard.

115.33 (c). Through interviews with the PREA coordinator and a review of agency materials, it is clear that PREA policies and reporting mechanisms are universal throughout the agency, not only do the inmates now receive education at RGC they also receive it upon transfer to the current housing facility. During MTU's intake procedures, inmates receive an orientation packet containing the verification form, JDI information, PREA pamphlet and guide for prisoners within seven days of arrival detailing the facility's zero- tolerance policy. The auditor's sampling of inmate education records, both pre-audit and onsite, confirms that inmates within the facility have been educated at least twice, with an opportunity for questions at MTU; satisfying the auditor's concerns that the facility has procedures in place to ensure that all inmates at the Richard Handlon Correctional Facility have been provided education at the facility, consistent with provision (c) of the standard and filling the gaps observed by auditor's Noll and Radziewicz during the education process at RGC during a consortium audit occurring during the formation of this report.

115.33 (d). During inmate interviews, most inmates acknowledged that they received information regarding the facility's rules against sexual abuse and sexual harassment through pamphlets, handbooks and posters. The pre-audit documentation provided and on-site visit provided evidence that PREA education is available in formats accessible to all inmates, including deaf, visually impaired, limited English proficient, and inmates with limited reading skills. During the onsite visit, signage was observed in various formats in all areas of the institution. The agency publishes written educational materials, such as the PREA brochure, PREA posters and Prisoner Guidebook in both English and Spanish. The agency has a braille version of the PREA brochure available for visually impaired inmates. The PREA video, Taking Action, is closed captioned for the deaf and hard of hearing population. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes. Additionally, through a Memorandum of Understanding with JDI, emotional support services are provided to inmates via a 1-800 telephone number. Information pertaining to the service is posted in English and Spanish throughout the facility. During the formulation of this interim report, the auditor requested additional documentation of support of provision (d) of the standard; however, has not received this information. Specifically, the auditor requested evidence that the MTU has interpretation services available to translate comprehensive education to limited English proficiency individuals who may not speak a language for which the agency has prepared materials. Once this information is received and it verifies compliance with provision (d); the auditor will determine compliance.

115.33 (e). The agency and facility maintain documentation of inmate education via form CAJ-1036. Sample records were provided and random inmate files were reviewed during the audit

tour to confirm that inmate education records existed to the satisfaction of the auditor and consistent with the provision. Due to the observed gaps in the RGC education process during a consortium audit during the formation of this report; the auditor relied on the auditor's sampling of 25 facility specific records as evidence of compliance with the provision of the standard.

115.33 (f). The agency publishes posters that contain record of the agency's zero-tolerance policy and reporting methods for sexual abuse and sexual harassment allegations. During a tour of the MTU, these posters were visible throughout the housing units and common areas of the facility. Inmates receive a tri-fold PREA brochure published in English and Spanish during the intake process and these materials were observed to be available to inmates during the audit tour. The auditor was shown J-Pay email "blasts" by different inmates throughout the tour. The inmate announcements contain reporting instructions and telephone numbers for the Sexual Abuse Hotline and JDI's emotional support services An Inside Line. Inmates reported to the auditor along the tour route that they are "bombarded" with information about PREA and the various reporting mechanisms in place. The facility library and the Kiosks make the Prisoner Guide Book, the Orientation Packet, the PREA Standards, the agency PREA Manual, and educational materials available for the inmate population review. Of the 40 randomly selected inmates and inmates interviewed throughout the tour, the overwhelming majority affirmed receiving comprehensive PREA education and regular ongoing related updates to allow this auditor to determine compliance with this provision.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34</p> <p>The following evidence was reviewed in making a determination for compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p 10) b. PD 03.03.14 PREA and Prohibited Sexual Conduct Involving Prisoners (RR) c. NIC Online Training Program (pp 1-8) d. Basic Investigator Training Manual (pp1-152) e. Basic Investigator Training Logs (pp 1-7) f. NIC PREA Investigator Training Logs (pp 1-6) g. Michigan State Policy memorandum regarding criminal investigations (1) h. Audit Cycle Investigations (26) 2. Interviews: <ol style="list-style-type: none"> a. Investigator b. PREA Coordinator <p>115.34 (a). The agency's Basic Investigator Training manual was reviewed by the auditor. It provides additional specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and modules specific to the preservation of evidence, interview techniques and employee rights, such as Miranda and Garrity warnings. The evidentiary standard of preponderance of the evidence explained within the administrative investigations training. During the onsite visit, training records were provided for (20) individuals and reviewed to verify receipt of NIC Investigation Training as reported in the pre-audit material. These same individuals were also verified as having received Basic Investigator's Training in satisfaction of provision (a) of the standard.</p> <p>115.34 (b). The agency's investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and modules containing specific direction about the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution. In addition to the agency's Basic Investigator Training, 20 staff 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 the standard.</p> <p>115.34 (c). The agency maintains documentation of investigator training in the employee's training file. The facility provided documentation as reviewed by the auditor and verified that</p>

20 active employees have completed both the Basic Investigator's Training and the NIC Investigator's Training, showing satisfaction of provision (c) of the standard.

115.34(d). The auditor is not responsible for auditing provision (d) of the standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.35</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documentation: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (pp 10-11) b. PD 02.05.101 In Service Training (A, C, O) c. PREA CBT Health Care Training Module 2 (pp 1-13) d. PREA CBT Mental Health Training Module 2 (pp 1-13) e. Health/Mental Health Training Records f. NCF OP 02.05.101 In Service Training (p 1, 3) g. Facility documentation of medical and mental health care training (pp 1-2) h. CAR-854 Individual Training Program Report 2. Interviews: <ol style="list-style-type: none"> a. Mental Health staff b. Medical Staff c. PREA Coordinator 3. Site Review Observation <ol style="list-style-type: none"> a. Staff familiarity with PREA <p>115.35(a) PD 02.05.101 and the PREA Manual establish procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The agency has developed training curriculum specific to medical and mental health staff that were reviewed by the auditor. Training materials expand upon the agency’s basic training in module 2 to cover the four points required by the standards, with modules specific to health care and mental health care providers. The health care provider module consists of 123 slides and the mental health care module consists of 151 slides, including the mastery tests. Training materials cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and harassment and facility reporting responsibilities for allegations of sexual abuse and harassment. The MDOC also provides training to all of its medical and mental health staff to serve as a qualified agency staff members, with respect to providing victim advocacy services in the event an individual needs such support during the forensic examination and investigatory interview process as required by 115.21. As such, medical and mental health practitioners with the MDOC receive training beyond the standards minimal requirements.</p> <p>The MTU PAQ indicates that fifty-nine (59) medical and mental health care practitioners who work regularly at the facility and have all received the training required by agency policy. The auditor reviewed training records or Course History reports during the onsite visit of all health care/mental health personnel which document completion of the required specialized</p>

trainings. In the MDOC the auditor notes that all medical/mental health staff are required annually to complete the basic PREA training module (Module 1) required of all personnel, and an additional specialized module (Module 2) required of medical/mental health employees. Training records for active employees within the facility indicate that the course has been taken each sequential year the individual has worked at MTU in an active capacity. Auditor has reviewed both the Module 1 (Basic PREA) and Module 2 computer based training curricula to verify the specialized focus of Module 2 provided for health care and mental health personnel.

The audit team interviewed two (2) health care and one (1) mental health personnel who advised that they receive specialized training for medical/mental health staff annually through live presentations and CBT's. The specialized training includes detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims, and reporting procedures for allegations received. Additionally, health care personnel advised the audit team that forensic examinations are not conducted at MTU. Health care staff would preserve physical evidence as necessary. Two of the three health care and mental health care staff also receive Victim Advocacy training every two years. The training is presented in CTB format and consists of 14 modules. The auditor reviewed documentation during the onsite to confirm that the all reported staff members have received specialized medical and mental health care training related to their specific disciplines.

115.35 (b) Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with provision (b) of the standard are not required. A medical staff member indicated during a formal interview that forensic examinations are conducted off-site at an area hospital and the auditor confirmed in a telephone interview with the designated hospital that it receives referrals for forensic examinations from MTU.

115.35 (c) The facility provided documentation of medical and mental health practitioners' completion of the specialized training modules that were reviewed by the auditor. These training records are kept in the computerized training records for employees and serve to demonstrates compliance with provision (c) of the standard.

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

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p 13) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (Q,R, W) c. PD 05.01.140 Prisoner Placement and Transfer (CC, DD) d. PREA Risk Assessment Manual (all) e. PREA Risk Assessment 2017 Spreadsheet f. CAJ-1023 PREA Risk Assessments Worksheet (OMNI Risk Assessment Tool)(pp1-2) g. Risk Assessment Referrals h. Risk Assessment Refresher Training i. 14 Day Risk Assessment Officer for Follow Up j. Ride in Date 72 Hour 30 Day <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Prison Counselors b. Intake staff c. Random Inmates d. PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a. Inmate files <p>115.41(a). PD 03.03.140, PD 05.01.140, the PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, requires that prisoners be assessed during an intake screening and upon transfer to another facility within 72 hours and within 30 days of arrival for their risk of sexual victimization or abusiveness. During the audit tour, the auditors observed staff in the medical area conducting risk screenings as part of the intake process. An individual inmate was observed by the auditor being administered a risk screening in a semi-private area. Administrator input assessment information into OMNI (inmate database system). A formal interview with a staff person responsible for risk screening stated in an interview that the initial assessments are completed within 72 hours of arrival at the facility. Following the tour, the PREA Analyst provided, and explained, screenshot samples from OMNI of selected inmates identified by the auditor to confirm risk assessment screenings were being done as prescribed by the standard. All sample documents verified compliance except for three inmates who were immediately transferred upon receipt to other facilities. The auditor is satisfied that the referenced documentation demonstrates compliance for provision (a) of the standard.</p> <p>115.41 (b). The MTU PAQ reports 850 inmates entered the facility during the last 12 months who were screened within 72 hours for risk of sexual victimization or risk of sexually abusing</p>

other inmates. The PAQ reports 825 were reassessed within 30 days after their arrival at the facility. It was explained by the PREA Analyst while reviewing records onsite that (25) inmates transferred to another facility shortly after initial intake screenings. A review of Pre-audit documentation reflected that of the selective sampling of "ride ins" from Charles Egler Reception and Guidance Center (RGC) fifteen (15) inmates received timely 72 hour and 30 day risk assessments. While onsite, thirty seven (37) additional records were reviewed based on a random selection of inmates from the PREA Risk Assessment Tracker listing. This review revealed that thirty-one (31) of the thirty-seven (37) assessments were completed within 72-hours of reception at Richard A. Handlon Correctional Facility. The majority of the non-compliant samples were isolated to April and May of 2018, and all but one sample within the last nine months were completed within 72 hours.

Onsite interviews revealed that facility intake and case management staff make every effort to complete the 72-hour intake assessments for inmates transferred to the facility. Staff utilize the PREA Prisoner ED/Risk Assessment Tracker to document any "ride-ins," and when the 72-hour assessment is due for completion. This spreadsheet is consistent with the on-line system known as "OMNI" where screening assessments are recorded and stored.

Out of the 40 random interviews conducted with inmates, sixteen (16) arrived in the last 12 months and seven (7) recalled being asked the screening questions when arriving at Richard A. Handlon Correctional Facility while seven (7) could not recall, or were uncertain, and two (2) said they were not. This auditor interviewed one of the inmates who denied receiving a screening assessment and follow-up assessment upon his transfer to the MTU within the last twelve months. However, a screenshot of OMNI information revealed that the inmate received both the 72-hour and 30 day assessments within a timely manner. The agency's pre-commitment court records and intake procedures were found to generate responses to the vast majority of agency's risk screening tool; leaving a minority of questions to be affirmatively addressed with the inmate; thus, it is the auditor's opinion that most inmates do not recognize the risk screening process is occurring during the assessment.

During the course of the onsite portion of the audit, through formal and informal interviews with a staff person responsible for conducting risk screening, review of the automated program information, and review of risk screening samples, the auditor determines that the MTU meets the requirements of provision (b).

115.41 (c). The PREA Risk Assessment Worksheet that was reviewed by the auditor meets objective criteria as required by this provision. The assessment is an objective set of questions that measures both an inmate's risk of victimization and risk for predatory behavior. The tool generates a numerical score based on weighted factors to determine an inmate's classification as either an Aggressor, Potential Aggressor, No Score, Potential Victim or Victim. Most items on the tool can be answered based upon objective records generated, with subjective information limited to that which is required under provision (d-7).

115.41 (d 1-10). Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as the interview of the agency's PREA Manager by Auditor Franks, this auditor is satisfied that the intake screening instrument meets the 10 criteria set forth in provision (d) of the standard. While the tool does not affirmatively address criteria 10, neither the agency nor the Richard Handlon Correctional Facility house inmates solely for civil immigration

purposes. An affirmative assessment of a risk factor that does not exist within the agency (civil immigration) was determined unnecessary. The PREA Risk Assessment Manual, which outlines the procedures for the use of the intake screening tool, clarifies that the remaining nine elements of the standard are affirmatively addressed within the intake screening process to demonstrate compliance with provision (d) of the standard either through agency records or through an interview with the inmate.

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

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

During the onsite, this auditor randomly selected thirty-seven (37) inmates from the PREA Risk Assessment Tracker and noted that thirty-one (31) of the inmates received timely reassessments within the required 30 day time period and two (2) reassessments exceeded the 30 day deadline. The remaining four sampled inmates transferred prior to 30 days within the facility. One inmate who denied receiving a 30-day reassessment upon intake during the past 12 months was interviewed by this auditor who subsequently reviewed OMNI information and confirmed that the inmate was reassessed for risk of victimization or abusiveness within the 30 days of intake. The importance of conducting timely risk assessments was emphasized in an email by the PREA Manager to the administrators of the screening (All ARUS', PC's and RUM's) directing them to participate in a follow up PREA Risk Assessment Refresher Training. Based on the formal interviews with staff and review of risk screening samples to confirm that intake screening reviews are consistently completed and within 30 days of arrival at the facility, the audit determines that the MTU demonstrates compliance with this provision of the standard.

115.41 (g). PD 03.03.140, the PREA Manual and the PREA Risk Assessment Manual specify that assessments shall be conducted when warranted due to the factors enumerated by the standard. A staff member responsible for risk screening affirmed that reassessments occur based on a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. During the onsite, this auditor randomly selected thirty-seven (37) inmates from the PREA Risk Assessment Tracker and noted that thirty-one (31) of the inmates received timely reassessments within the required 30 day time period and two (2) reassessments exceeded the 30 day deadline. The remaining four sampled inmates transferred prior to 30 days within the facility. One inmate who denied receiving a 30-day reassessment upon intake during the past 12 months was interviewed by this auditor who subsequently reviewed OMNI information and confirmed that the inmate was reassessed for risk of victimization or abusiveness within the 30 days of intake. This information demonstrates compliance with provision (g) of the standard.

115.41 (h). The PREA Manual, which was reviewed by this auditor, specifically states "Prisoners may not be disciplined for refusing to answer or not disclosing complete information in response to questions relating to mental, physical, or developmental disabilities, whether they are, or are perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous victimization, or their own perception of vulnerability." The PREA Coordinator and staff responsible for conducting assessments conveyed during interviews that the assessment is voluntary and that there are no disciplinary consequences for failing to participate, consistent with provision (h) of the standard.

115.41(i). The PREA Manual, which was reviewed by this auditor, confirms that information obtained during the risk assessment process shall be treated as confidential information and only shared with designated staff in accordance with Department policy. Risk assessment information shall not be shared with prisoners. The facility PREA Coordinator indicated during his interview with the auditor that risk screening assessment scores are protected and confidential. Cell assignments are managed by control center officers based on OMNI information contained in the count board roster which is secured in the control center. The inmate's risk scores are fed from the screening application to the housing application; preventing those responsible for bed assignments from accessing the risk screening tool answers when completing their assignments. The PREA Compliance Manager said this is consistent with statewide procedure. During the audit tour and through interviews with the PREA Coordinator, only those staff with a supervisory role or those who perform the risk screening within the facility have access to the electronic screening system, OMNI. Access to this system is governed by the individual user's log-on information to demonstrate compliance with this provision.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.42</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (pp 12, 14) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p3,Q) c. PD 05.01.140 Prisoner Placement and Transfer (CC, II) d. PD 04.06.184 Gender Dysphoria (G, K, L.2., N.) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Identified Transgender Inmate b. Random/Specialized Staff <p>115.42(a). The auditor reviewed the PREA Manual and PD 05.01.140 and found that the agency policies are compliant and mirror the language set forth in provision (a) of the standard. The agency uses a computerized assessment process to arrive at an inmate classification for risk. The results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. The facility provided a copy of their count sheets that identifies housing assignments along with assessed, which the auditor believed was a great tool to demonstrate use of the screening information for housing decisions. The PREA Manual ensures that a 72-hour intake screening process for all incoming inmates is in place and negates the opportunities for key aspects of vulnerability to go undetected consistent with the intent of provision (a). The demonstrated practice of the facility conducting these intake assessments provides evidence that key aspects of vulnerability or predatory behavior are considered for each inmate.</p> <p>The PREA Coordinator at the facility stated that the risk screening tool is used to identify factors required by the standards to prevent housing high risk abusers with high risk victims, as well as to inform programming and employment opportunities. As evidence of compliance the auditor requested that the facility provide any work locations within the location for inmates where they have determined it was inappropriate to pair both high risk victims and abusers in the same area. As of the date of this interim report, the facility has not responded to this inquiry. Therefore, the auditor is unable to determine full compliance with this provision until the request is satisfied. The auditor is satisfied with the high level of supervision and camera coverage in the programming, education, food service and work site buildings to ensure that most risks identified by the risk screening tool could be outweighed by the staffing levels, direct observation and monitoring technology.</p> <p>115.42 (b). PD 05.01.140 Prisoner Placement and Transfer and the PREA Manual, which were reviewed by the auditor, establish agency policy regarding individualized safety determinations. Policy, and a formal interview with a transgender inmate, demonstrates that the facility makes individualized determinations to ensure the safety of each inmate, consistent</p>

with this provision. Through informal and formal interviews during the audit tour, unit housing staff stated that they have the ability to move identified individuals who are perceived to be sexually vulnerable or aggressive to a cell near the officer's station for an additional level of monitoring. According to the PREA Manager the ARUS', PC's and RUM's are the only staff who are assigned to conduct risk screening assessments. Inmates receive appropriate bed assignments based on a score issued in response to criteria established in §115.41. The assignment of a specialty code enables inmates to be housed separately. Staff charged with risk screening and making housing decisions were aware, during interviews, of the proper use of screening information for bed assignments.

Documentation provided onsite for nine (9) transgender inmates contain evidence that six month GD reviews were conducted and individualized determinations are made about how to ensure the safety of each inmate. Instances are also notated when Special Accommodations Orders were made for bed assignment and shower accommodations. The agency demonstrates that it meets the requirements of provision (b) within its practices and the inmates appeared to feel safe in their environment.

115.42 (c). The PREA Manual, policy 04.06.184 Gender Dysphoria and the Individual Management Plan reviewed by this auditor, contains language and provisions to satisfy the standard requirements that the agency make case by case determinations for transgender and intersex housing and programming assignments consistent with provision (c). The facility provided pre-audit samples of the facility's health care services review of transgender inmate's placement on form CHJ-339 (Prisoner Health Record). The review appears to be from a medical/mental health perspective and considers the inmate's health and considers the inmate's health and safety. The PREA Coordinator at the facility stated that transgender inmates are reviewed twice per year. Two transgender inmates were formally interviewed during the onsite visit. One individual reported they received a private shower detail after making a request through the Gender Dysphoria Collaborative Review Committee. The second individual was transferred to MTU less than six months ago and no six month review has been conducted to date; however, this individual reportedly made several accommodation requests that have been met, which is consistent with provision (c).

115.42 (d). PD 04.06.184 and the PREA Manual were reviewed by the auditor. While policy indicates that placement and programming assignments for transgender, intersex and GID (gender identity disorder) inmates will be reassessed twice yearly by facility medical or mental health staff; the facility's pre-audit sample documentation included nine (9) examples where individuals were reviewed and provided with updated Gender Dysphoric Individual Management Plan for Gender Dysphoria. Interviews with transgender inmates revealed that they have open communication with staff and feel safe at MTU. This auditor believes this meets the requirements of this provision.

115.42 (e). PD 04.06.184 and the PREA Manual were reviewed by the auditor. These policies provide for a transgender or intersex inmate's own views to be considered in the placement process. The policies indicate that decisions are made by the Gender Dysphoria Collaborative Review Committee, chaired by the agency's chief medical and psychiatric directors. The facility's pre-audit sample documentation included nine (9) examples where individuals were assessed by local health care authorities, and reassessed accordingly before being provided with updated Individual Management Plans for Gender Dysphoria. Transgender inmates

interviewed during the onsite visit admittedly believed their views regarding their own safety is considered. An interview with the PREA Coordinator reveals that any necessary accommodations are approved by medical and mental health providers, then communicated back to the Residential Unit Manager (RUM). Based upon the formal interviews of transgender inmates and review of policy, it appears that the transgender inmate's views are considered when making determinations for housing and other programming determinations consistent with provision (e) of the standard.

115.42 (f). PD 04.06.184, the PREA Manual and the Individual Management Plan (IMP), reviewed by the auditor, specify that transgender inmates are given the opportunity to shower separately. A review of documentation provided during the onsite visit was reviewed and confirms that the facility permits transgender inmates the opportunity to shower separately. Specifically, the Health Care Services medical visit notes for six (6) transgender inmates reviewed by the auditor indicate that the inmate is provided "special provisions" for showering in "relative privacy". In the sampled cases, there were also notations that that the individuals were ordered a bunk placement at their request (top vs. bottom). Formal interviews of two (2) transgender inmates revealed that the inmates were afforded a separate time to shower demonstrating the facility's compliance with provision (f) of the standard.

115.42 (g). PD 05.01.140 and the PREA Manual as reviewed by the auditor address provision (g) of the standard. Interviews of the agency PREA Manager by Auditor Franks, and the PREA Analyst and facility PREA Coordinator by the auditor while on site, revealed that the agency does not have dedicated facilities or housing units that are specific to LGBT populations. Interviews of transgender inmates by the audit team revealed that they have never been housed in a dedicated facility unit, or wing established exclusively for LGBT inmates, and at their request, have been assigned separate shower times to afford them more privacy.

Corrective Action Recommendation:

It is recommended that the MTU identify and provide supporting documentation for any self-identified jobs or programs where it was determined that high risk victims and abusers cannot be assigned together in order that a compliant rating can be made for 115.42 (a).

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the MTU provided supporting documentation, titled "High Security Detail Checklist," which reflects that high risk victims and abusers cannot work together in the food service commissary. Classification and Food Service Directors ensure that all inmate workers assigned to this area have "no scores." The use of risk screening scores to inform these work assignments; coupled with the significant camera coverage and supervision in these areas demonstrate that the facility making its best efforts to ensure those inmates at high risk of victimization and high risk of abusiveness are protected from one another.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.43</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p 16-17) b. PD 04.05.120 Segregation Standards (D, J, K, V, W, X, Y, Z, BBB, EE) c. Variance to PD 04.05.120 p 1 (point 2.4) 2. Interviews: <ol style="list-style-type: none"> a. Temporary segregation staff b. PREA Coordinator 3. Site Review Observation: <ol style="list-style-type: none"> a. Observed the temporary segregation unit <p>115.43(a). PD 04.05.120 and the agency PREA Manual and documentation of housing assignments were reviewed by the auditor in determining compliance with provision (a) of the standard. The PREA Manual contains language that mirrors provision (a) of the standard. The auditor observed onsite and through pre-audit documentation that the facility has a robust computerized assessment and bed management system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evidenced during the tour and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered.</p> <p>The Warden stated in an interview with this auditor that segregation is not used to protect inmates at high risk of sexual victimization unless it is the only means of keeping an individual safe; usually, the aggressor is placed in Ad Seg as a means of separation. Under no circumstance is segregated housing used to protect an inmate who was alleged to have suffered sexual abuse. He said, "It's never been done." This was supported by the PAQ in that no inmate victims were reportedly placed in segregation during the 12 months preceding the audit. Staff who work in the Segregation unit, who were also interviewed by the audit team, indicated that when an allegation of sexual abuse is made inmates are usually separated by being placed on different housing units. This person further stated that inmates who are placed in involuntary segregated housing as a means of separation from likely abusers are released the next day. The auditor is satisfied that the facility refrains from placing inmates at high risk of victimization in segregated housing and only uses the option for holding individuals within the 24 hours permitted by the standard while making safety assessments consistent with provision (a) of the standard.</p> <p>115.43 (b). Agency policy 04.05.120 and the PREA Manual, which were reviewed by the auditor, specify that inmates shall maintain access to programs, privileges, and education and work opportunities. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. The Warden reports that no</p>

inmates at high risk for sexual victimization have ever been placed involuntarily into segregated housing, which is supported by information contained in the MTU PAQ. Through a review of facility investigations and risk screening records; there was no evidence of those inmates determined to be at risk of victimization were housed in segregation involuntarily. Therefore, the facility will be considered compliant with provision (b) of standard.

115.43 (c). Absent evidence of specific to inmates involuntarily segregated due to high risk of victimization, the facility shall be considered compliance with provision (c) of the standard based upon its policy provisions for releasing or transferring individuals to other MDOC facilities as necessary to mitigate threats.

115.43 (d) The facility reports through PAQ and interviews, the Warden and facility PREA Coordinator and staff that no inmates have been placed into involuntary segregation due to risk of victimization. The auditor's review of risk screening records and investigations revealed no evidence of inmate's being housed in involuntary segregation as prohibited by the standard therefore, (d) of the standard is found to be in compliance.

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

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (pp 17-18, 23-25) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp 2-7, Y. EE. GG. MM.) c. PD 05.03.118 Prisoner Mail (pp 3-4) d. MDOC Sexual Abuse on-line training (Module 2) (pp 31-32) e. MDOC PREA Web Page, on line reporting f. Prisoner PREA Brochure g. MDOC Prisoner Guide Book (p.16) h. MDOC PREA Poster i. Legislative Corrections Ombudsman MOU (p1) j. Audit Cycle Investigations (26) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Inmate Interviews b. Staff interviews c. Hotline d. Legislative Corrections Ombudsman e. PREA Analyst f. PREA Coordinator <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a. PREA signage through the facility <p>115.51 (a). PD 03.03.140, the PREA Manual, Prisoner Guidebook, PREA Abuse Poster, (advertising the sexual abuse hotline), and the PREA brochure were reviewed by the auditor in determining compliance with provision (a). All provide information to advise inmates of reporting options. The agency permits PREA allegations to be reported verbally to staff, reported via message to the PREA hotline, in writing via grievance, in writing to the Correctional Legislative Ombudsman, in writing via the kite system and directly to the Michigan State Police.</p> <p>During and following the onsite portion of the audit, investigations were reviewed with multiple methods of reporting evidence in the predication of the investigations. During formal and informal interviews during the audit tour, staff were able to identify the sexual abuse hotline, the kite and grievance systems and third party reporting mechanisms if an inmate were unwilling to report such allegations directly to staff at the facility. The majority of the inmates interviewed claimed their first line of reporting would be to a staff member at the facility, indicating a reporting culture has been established at the facility. Inmate were able to identify</p>

the hotline, as well as the ability for third parties to make a report on their behalf; however, required prompting to identify the Legislative Ombudsman.

During the tour, adequate reporting hotline posters were prominently displayed on the bulletin boards within the facility. During formal interviews with inmates, many cited that they receive J-Pay "email blasts" of PREA reporting information weekly; which reinforces the availability of the reporting hotline and JDI support hotline. During audit tour, informal interviews demonstrated staff were aware of their obligations to accept reports from inmates and most inmates who were informally interviewed, stated they were comfortable making a report to a staff member. Staff and inmates were aware of the ability to make written reports through the various available means and were aware of the hotline. This auditor reviewed facility investigations provided with the pre-audit documentation and additional investigations randomly selected for post audit review and noticed that all forms of inmate reporting were evident demonstrating compliance with provision (a) of the standard.

115.51 (b). PD 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by the auditor, confirm that reports of sexual abuse and harassment may be reported outside the agency to the Legislative Corrections Ombudsman. Such reports can be made anonymously. The Memorandum of Understanding (MOU) between the two agencies specifies that reports must be forwarded immediately. Neither the facility nor the agency hold individuals for civil immigration purposes to require information with this section of provision (b) of the standard.

During an interview with the facility PREA Coordinator, he identified that the Legislative Ombudsman as a means for inmates to report sexual abuse and sexual harassment and the hotline to JDI, who operates the agency's emotional support hotline. He said the facility has never had a referral from the Ombudsman; however, has received a few complaint referrals from JDI. Randomly sampled inmates demonstrated difficulty identifying the Legislative Ombudsman as a reporting mechanism; however, the Prisoner Guidebook notes that this resource is available. The majority of inmates who were interviewed readily identified various means of reports. Inmates were aware of their ability to make anonymous reports and reports through third parties, such as their family members. During the tour, inmates who were informally interviewed were aware of the reporting hotline and their ability to make anonymous written reports. The Legislative Ombudsman was not regularly identified during interviews; however, this means of reporting is published in the Prisoner Guidebook to sufficiently demonstrate compliance with provision (b) of the standard. The auditor contacted the Legislative Corrections Ombudsman's office during the pre-audit and informed that no MTU inmates reported complaints during the audit period.

115.51 (c). PD 03.03.140 and the PREA Manual, which were reviewed by the auditor, require staff to accept verbal, written, anonymous and third party reports. Any verbal reports are required to be forwarded to a supervisor and documented as soon as possible. During pre and post audit, this auditor reviewed facility investigations that demonstrated the facility accepts reports that were made verbally, in writing (via grievance or other note) and from third parties. Through informal interviews during the audit tour, the auditor determined that both staff and inmates were well aware of the need for staff to accept and immediately act upon verbal, written, and anonymous and third-party reports consistent with provision (c) of the standard.

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

115.51 (d). PD 03.03.140, the PREA Manual and Module 2 of the PREA training educates staff on their reporting options. These materials were reviewed by the auditor. Staff may make a private report to a supervisor, via the hotline and via the agency's website reporting form. The agency provides multiple methods for staff to make private reports of sexual abuse and harassment of inmates. While policy and training materials provide multiple options for private reports, randomly sampled staff reported during formal and informal interviews that they were comfortable making reports directly through the chain of command, to the Inspector/PREA Manager or other facility Administrators.

During a review of facility investigations, the auditor noted ample documentation to confirm that staff did act upon reports received from inmates 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 hotline, direct reports to the Inspector/PREA Coordinator at the facility or a private meeting with facility Administrators as their methods to privately report sexual abuse and harassment of inmates consistent with provision (d) of the standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.52</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (pp 24-25) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p 6, EE,GG, JJ, KK, LL, MM, NN, OO, PP, QQ) c. Step 1 & Step 2 Grievance Forms (pp1-2) d. Audit Cycle investigations (4) e. Attachment B of PD 03.03.105 Class II Misconducts for Prisoners (pp 1-2) f. MDOC Prisoner Guide Book (pp 12-13) 2. Interviews: <ol style="list-style-type: none"> a. Inmates b. Staff c. PREA Coordinator d. Grievance Coordinator e. Warden 3. Site Review Observations: <ol style="list-style-type: none"> a. No inmates in disciplinary action as a result of filing PREA Grievances <p>115.52 (a). The agency utilizes administrative procedures to address sexual abuse and is not exempt as specified in provision (a) of the standard.</p> <p>115.52 (b). PD 03.03.140, the PREA Manual and the MDOC Prisoner Guidebook, which were reviewed by the auditor in determining along with the grievance forms were reviewed by the auditor in determining compliance with provision (b). This allows for an inmate's grievance to be submitted at any time to the facility staff as identified by the warden. Inmates are not required to informally resolve the alleged incident prior to filing a PREA grievance. The PREA grievance will address the elements of the grievance dealing with sexual abuse; however, will require the inmate to resubmit non-PREA related items in accordance with policy 03.02.130 Prisoner/Parolee Grievances.</p> <p>115.52 (c). PD 03.03.140, the PREA Manual, and the MDOC Prisoner Guidebook, which were reviewed by this auditor in determining compliance with provision (c) , allow for an inmate's grievance to be submitted at any time to the facility staff as identified by the warden. PD 03.03.140 specifies that the grievances will not be referred to the staff member subject to the complaint within. Grievances can be submitted through institutional mail or placed in the locked box as observed by the auditor during the onsite visit, in the food service area. A sample investigation from the audit cycle, was reviewed by the auditor in determining compliance with provision (c). The document allows for an inmate's grievance to be submitted to the appropriate custody supervisor. The grievance were investigated promptly. The auditor</p>

requested the additional six (6) grievance initiated investigations cited in the facilities PAQ; however, as of the date of this interim report, the facility has not provided those records. Upon receipt and satisfactory demonstration of compliance this auditor may be able to apply a compliant rating.

115.52 (d) PD 03.03.140, the PREA Manual, which were reviewed by the auditor in determining compliance with provision (d) state the facility shall ensure a written response is provided to the prisoner within 60 calendar days of receipt of the Step 1 PREA grievance unless an extension has been approved by the Internal Affairs Division in order to conduct an appropriate investigation. An extension of up to 70 calendar days may be approved by Internal Affairs if 60 calendar days is insufficient to make an appropriate decision. The prisoner shall be informed in writing of any extension and provided a date by which a decision will be made. The prisoner may submit an appeal after receiving the Step 1 response, or if a response was not received by the date the response was due, including an y extension. A final agency determination on the merits of a PREA grievance shall be provided by the PREA Manager within 90 calendar days from the original filing of the Step 1 grievance. Computation of the 90 days does not include the 10 days allowed for the prisoner to file an administrative appeal.

The PAQ reports that there were no grievances that involved extensions because a final decision was not reached within 90 days. A review of PD 03.03.140, the PREA Manual, and facility investigations demonstrates that facility practice is in compliance with provision (d) of the standard. The auditor requested the additional six (6) grievance initiated investigations cited in the facilities PAQ; however, as of the date of this interim report, the facility has not provided those records. Upon receipt and satisfactory demonstration of compliance, this auditor may be able to apply a compliant rating.

115.52 (e). PD 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (e) of the standard, permits that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. The PAQ reports that there were no grievances filed by a third party. A third party may also assist a prisoner in filing the prisoner's PREA grievance in accordance with policy. If a third party files a PREA grievance on behalf of a prisoner, the prisoner must sign the PREA grievance in the area provided indicating the prisoner authorizes the grievance to be filed on his/her behalf for the grievance to be processed. If the prisoner refuses to sign, the PREA grievance shall be immediately dismissed. All Department responses to a PREA grievance filed by a third party will be provided only to the prisoner on whose behalf the grievance was filed. PREA grievance form CAJ-1038A includes a section to be completed if the grievance is submitted via third party and if the victim consents to the filing of the grievance on their behalf. If consent is not given, the grievance is denied and documented. According to the PAQ no inmate grievances were submitted during the audit period in which the inmate declined third-party assistance. Through review of the policy and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (e) of the standard.

115.52 (f). PD 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (f), establish procedure for the processing of any emergency grievance in accordance with the standards requirements. PD 03.04.140 and the PREA Manual cites a prisoner or a third party may file an emergency PREA grievance if s/he

believes that the prisoner is subject to substantial risk of imminent sexual abuse. The PREA Prisoner Grievance Form (STEP I) (CAJ-1038A) must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the warden. The warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA Manager regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance.

The facility reported that there were no emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months and the auditor's review of PREA grievances/investigations found no information to contradict this report. PD 03.04.140 and the PREA Manual establish procedure for the processing of any emergency grievance in accordance with the requirements of (f) of the standard and facility documentation satisfy the auditor determination of compliance with provision (f) of the standard.

115.52(g). PD 03.03.140, the PREA Manual, and the Prisoner Guidebook, which was reviewed by the auditor in determining compliance with provision (g), direct that staff shall not retaliate against a prisoner for using the PREA grievance process. If a prisoner intentionally files a PREA grievance which is investigated and determined to be unfounded and which, if proven true, may have caused an employee or a prisoner to be disciplined or an employee to receive corrective action, the prisoner may be issued a misconduct report if approved by the warden. The review of PD 03.03.140 and PD 03.03.105 Class II Misconducts Attachment B for Prisoners and agency documentation.

This auditor reviewed the Prisoner Guidebook which includes the Misconduct Charges for filing false reports, i.e., Class II. No. 423, Interference with the Administration of Rules, page 23. MTU reports that no inmates were disciplined for filing false reports concerning alleged PREA misconducted, either by staff or other inmates. The auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (g) of the standard.

Corrective Action Recommendation:

It is recommended that MTU provide a photocopy of the six other grievances referenced in the MTU PAQ so that the auditor can evaluate response timeliness as established by §115.52, PD 03.03.140 and the PREA Manual and render a compliant rating for §115.52 (c) and (d).

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the facility provided recently received grievances in accordance with the standard, it is noted that all of the requested six grievances noted within the body of the standard were unable to be provided by the facility purportedly because the originals were provided to the PRC's FTA audit team and reportedly not returned to the facility. However, based upon grievances submitted to the auditor involving submissions after April 1, 2019, the auditor discovered that the facility was not processing Emergency

grievances in accordance with the standards or agency policy. Specifically, the facility ruled upon the contents of the grievance and upon its determination that it did not meet the purview of sexual abuse failed to forward the grievance for an agency response consistent with provision (f) of the standard.

The auditor's review of the grievances identified as Emergency grievances does not confirm that each grievance did not meet the definition of sexual abuse and therefore should have had an agency determination. Moreover, during a telephone conference to discuss the corrective action plan, the agency PREA Analyst assigned to the facility supported the auditor's determination that such grievances should indeed be forwarded to the agency's attention and directed the facility PREA coordinator to begin complying with agency policy to forward grievances for a final agency determination in accordance with provision (f).

The agency PREA Analyst for the facility agreed to conduct training with appropriate staff at the facility involved with grievance processing. The auditor requested as part of the corrective action plan that documentation of this training be provided, and also requested copies of the next three Emergency grievances to ensure the facility is acting in accordance with its agency policy and the standards .

The auditor was in continuous contact with the facility throughout the corrective action period. The auditor routinely inquired about any emergency grievances following the training needs identified during the July 18, 2019 teleconference. Throughout the remainder of the corrective action period, both the facility PREA Coordinator and the agency PREA Analyst confirmed that no emergency grievances were submitted through the facility. The auditor determines that the corrective training by the agency PREA Analyst is sufficient to correct the observed deficiencies and that the auditor cannot further justify extending corrective action due to the absence of a triggering event occurring.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p27) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp 9-10) c. PD 05.03.118 Prisoner Mail (All) d. PD 05.03.130 Prisoner Telephone Use (U, Attachment B) e. Prisoner Guide Book (p21) f. JDI Memorandum of Understanding g. JDI Memorandum, An Inside Line, Sexual Abuse and Sexual Harassment Support Line h. JDI Poster English & Spanish i. An End to Silence Notice to Prisoners j. PRC “An End To Silence, Inmate Handbook” k. Audit Cycle Investigations (7) l. Facility Victim Advocate List (pp 1-2) 2. Interviews: <ol style="list-style-type: none"> a. JDI Representative b. Random inmates c. Random Staff d. RN at Sparrow Hospital e. PREA Coordinator f. PREA Manager g. Warden 3. Site Review Observations: <ol style="list-style-type: none"> a. PREA signage postings <p>115.53 (a) Through an interview between Auditor Franks and the agency PREA Manager, and an interview with the facility PREA Compliance Coordinator, the auditor determined the agency and facility worked collaboratively to establish a relationship with the Just Detention International (JDI) to provide outside emotional support services in determining compliance with provision (a). The Inside Line emotional support hotline contains a universal anonymous PIN number that allows inmates to contact the line without monitoring and tracing back to the individual caller. Additionally, the facility also makes available qualified victim advocates who have been trained locally to provide emotional support, crisis intervention, and services during the forensic medical examination process, investigatory interviews. The facility and agency maintain a copy of the “An End to Silence” handbook published by American University Washington College of Law’s Project on Addressing Prison Rape and can also be found on the PREA Resource Center website. This book is maintained in the facility library and is accessible to all inmates. The facility does not house civil immigration detainees; therefore, resources under this element of provision (a) are not applicable. Inmates are aware of monitoring</p>

procedures when contacting any agency listed within the “An End to Silence” publication.

One of five random inmates interviewed who responded affirmatively for having reported a sexual abuse incident was aware that services existed outside the facility including “An End to Silence” resource guide, which is available within the facility library, and the JDI emotional support hotline as posted throughout the facility. Many of the randomly interviewed inmates readily identified the weekly email blasts that appeared in J-Pay and on personal electronic devices. Interviews of intake staff revealed a review of the availability of this resource material with new receptions and the auditor did observe Memorandum postings on every housing unit advising inmates of the availability of the resource as the Prisoner Guidebook including the information which is available to each inmate as well as on the inmate kiosks.

115.53 (b). Through PD 05.03.118 Prisoner Mail, PD 05.03.130 Prisoner Telephone Use, the PREA Manual, and the Prisoner Guidebook, which were reviewed by the auditor in determining compliance with provision (b) of the standard, inmates are adequately made aware through these documents how communications are monitored and lines of communication that are unmonitored for confidentiality purposes. The random inmates interviewed indicated a generalized knowledge of monitoring practices within the agency.

115.53(c). Through interviews with the facility PREA Coordinator, agency PREA Manager and Just Detention International (JDI) and reviewing the JDI documentation provided to inmates, via Inside Line Memorandum to Inmates and orientation packet, it was determined by the auditor that the agency and facility have worked collaboratively to establish relationships with outside support services, to determine compliance with provision (c) of the standard. The facility also has trained staff locally to serve as qualified advocates to provide emotional support services during forensic medical examinations and investigatory interviews.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (pp22-23, 28) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p6) c. Legislative Corrections Ombudsman MOU (all) d. PREA Poster e. MDOC Website Reporting (pp 1-2) f. Example investigation predicated on a third party report g. Hotline posters 2. Interviews: <ol style="list-style-type: none"> a. Random inmates b. Random staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Hotline signage postings b. Telephone call to the hotline <p>115.54 Through a review of PD 03.03.140, the Ombudsman MOU, the Sexual Abuse reporting poster, the online reporting form and multiple investigatory examples that were predicated upon a third party report; the auditor is satisfied that the agency and the facility permit third party reports of sexual abuse and sexual harassment via all methods that are accessible to an inmate directly reporting sexual abuse and sexual harassment, with the additional option of utilizing the agency's website to make a report. During formal interviews, inmates were aware of their ability to make reports through third parties, such as their family members. Third parties may use the internal kite system, call the reporting hotline, contact the Legislative Ombudsman, access the agency's on-line reporting form, contact facility staff directly and file PREA grievances. During the site review, the auditor observed MDOC PREA posters posted in each housing unit. The posters contain toll free numbers for reporting and instructions for third parties to report sexual abuse and sexual harassment in MDOC correctional facilities. During audit documentation review, auditor reviewed one facility PREA investigation conducted during the last 12 months what was precipitated by third party call to the MDOC PREA Hotline. Based on a review of the aforementioned, the auditor found compliance with this standard.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.61</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (pp 22-23, 29) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (CC,DD,RR,W,X, Y) c. State of Michigan Department of Corrections Employee Handbook (WR, 38, 50-52) d. PREA Notice Signage e. Audit cycle investigations (26) 2. Interviews: <ol style="list-style-type: none"> a. Random Staff b. Health care staff c. Mental health staff d. Warden 3. Site Review Observations: <ol style="list-style-type: none"> a. Compliance with reporting of PREA allegations <p>115.61 (a). PD 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. 03.03.140 dictates that staff at the MTU are responsible for making reports to their immediate supervisor and documenting their actions as soon as possible. The facility provided multiple pre-audit samples to confirm that staff took reports of sexual abuse from inmates used to initiate investigations. Formal and informal interviews during the audit tour indicate that staff are aware of their need to take immediate action with any reports of sexual abuse, sexual harassment or retaliation that comes to their attention, compliant with provision (a) of the standard.</p> <p>PD 03.03.140, PD 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>115.61 (c). PD 03.03.140, the PREA Manual, which were reviewed by the auditor, clearly require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting. Clinicians are required to disclose their duties to report. Through formal and informal interviews with medical and mental health care staff, both classes of staff affirmed their obligation to disclose their limits of confidentiality before each encounter and</p>

both articulated their obligations to convey any reports of facility based sexual abuse to the PREA Coordinator at the facility consistent with provision (c) of standard to demonstrate compliance.

115.61 (d). PD 03.03.140 and the PREA Manual, which were reviewed by the auditor, require the facility staff to report any allegation involving a victim under the age of 18 to the agency PREA Administrator for forwarding to the proper state authorities under mandatory reporting laws. The facility does not house inmates under the age of 18 and has not had to make such reports during the audit period identified by provision (d) of the standard.

The Warden stated in an interview that juvenile inmates are not housed at this facility and there has been no experience reporting such an allegation. The agency PREA Manager confirms in an interview with Auditor Franks that mandatory reports are forwarded to his attention and he is responsible for making the report to the mandated agency.

Through agency policy and an interview between Auditor Franks and the agency PREA Manager, the agency has sufficiently demonstrated that it has procedures in place for making necessary mandatory reports in compliance with provision (d) of the standard. Such reports have not come from the MTU; however, the agency has experience forwarding such reports to applicable state agencies.

115.61 (e). PD 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. An examination of twenty-six (26) investigation files provided pre-audit, during the onsite visit and post audit, confirms that this practice is carried out within the facility. Files reflect evidence to support that third party allegations are immediately directed to the attention of local investigatory staff. An interview with the Warden confirms that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on the foregoing, the auditor determined compliance with provision (e).

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a) MDOC PREA Manual; April 2017 (p16) b) PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (PP) c) PD 05.01.140 Prisoner Placement and Transfer (EE) 2. Interviews: <ol style="list-style-type: none"> a) Random Staff b) Warden 3. Site Review Observations: <ol style="list-style-type: none"> a) Immediate action <p>115.62 PD 05.01.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), state whenever a prisoner is subject to imminent risk of sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Action to protect the prisoner may include, but is not limited to, changes in housing units and/or assignments, transfers, and stop orders. The agency confirms that action is taken immediately by the facility to protect inmates. Action to protect the prisoner may include, but is not limited to, changes in housing units and/or assignments, transfers, and stop orders.</p> <p>The agency head's designee confirms in an interview with Auditor Franks that action is immediately taken by the facility to protect inmates. The facility head is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims. The MTU PAQ reports that there were no reported cases in the last 12 months where the inmate was determined to be subjected to substantial risk of imminent sexual abuse. The Warden advised the auditor that the facility takes immediate action on a case-by-case basis to determine what measures are required to ensure the safety of each inmate. When the Warden is informed of any incident of substantial risk of imminent sexual abuse, he directs that inmates be placed in a cell near officer's desk as proactive measure.</p> <p>Random staff interviewed advised the audit team that they would take immediate action to protect inmates from victimization. Staff provided responses to include: notify Shift Commander/Supervisor, remove inmate from the situation, keep inmates separated, have cell reassigned, to name a few. The auditor determines compliance with this standard based on the facility's staff knowledge that immediate action is required in response to perceived threats of sexual abuse.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <p>a) MDOC PREA Manual; April 2017 (p23)</p> <p>b) PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (X)</p> <p>2. Interviews:</p> <p>a. Warden</p> <p>b. PREA Coordinator</p> <p>115.63 (a). PD 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 and demonstrate compliance with provision (a) of the standard. PD 03.03.140 specifies that allegations must be forwarded by the facility head to facilities outside the Department. The auditor reviewed one (1) email notification sent by the Warden during the audit period to another MDOC facility head, which was made within 72 hours of the allegation first becoming known by the facility, supporting adherence to the agency policy and compliance with provision (a) of the standard.</p> <p>115.63 (b). PD 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, demonstrating compliance with the provision (b) of the standard.</p> <p>115.63 (c). PD 03.03.140 and the PREA Manual, which were reviewed by the auditor, require that such notifications are made within 72 hours. The facility's email example as reviewed by the auditor demonstrates compliance with provision (c) of the standard.</p> <p>11.63(d)PD 03.03.140 and the PREA Manual, which were reviewed in determining compliance with provision (d) of the standard, establish procedures for ensuring that any allegations received from other confinement facilities are investigated. The facility receiving the allegation must ensure the allegation was not previously investigated. If the allegation was not investigated, the facility shall conduct an investigation of the allegations. Both the agency head's designee and the Warden confirm that allegations received from other confinement facilities are properly investigated. The auditor reviewed three (3) email notifications received by the MTU Warden during the audit period from other MDOC facilities heads which were promptly forwarded to the appropriate investigative authority for disposition in accordance with the PREA standards and agency policy. Investigative file numbers were provided for each referral. Through an interview between the agency head's designee and Auditor Franks, interviews with the Warden and the facility PREA Coordinator, and review of sample documentation and sample investigations, the auditor is satisfied and sufficient procedures are in place to address allegations consistent with provision (d) of the standard should they be</p>

reported.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p 25-26) b. PD 03.04.125 Medical Emergencies (I) c. Audit Cycle Investigations (26) d. MDOC Sexual Violence Response & Investigation Pocket Guide (pp13-16) 2. Interviews: <ol style="list-style-type: none"> a. Security staff/Non-Security Staff who have acted as a first responder b. Random Staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Staff familiarity with their responsibilities as first responders <p>115.64 (a 1-4). The PREA Manual, which was reviewed by the auditor, requires the first responding security staff member to take the four actions specified by provision (a) of the standard to ensure the safety of the victim and preservation of any forensic evidence should the allegation have taken place within a period of time for the collection of such evidence from the victim and the abuser.</p> <p>PAQ reflects that three (3) forensic examinations were performed during the audit period; however, only one (1) incident where the alleged victim was advised not to take action that could destroy physical evidence. An interview with a first responder indicated that as soon as an allegation was known, immediate action was taken to separate the alleged victim and abuser and information was immediately relayed to preserve the scene where the alleged abuse occurred until MSP cleared the area and collected evidence. The alleged victim was requested not to take any actions that could destroy physical evidence. The auditor requested information regarding the single incidence cited in the PAQ; and the additional allegations resulting in forensic examinations; however, as of the date of this interim report, the facility has not provided those records. Upon receipt and satisfactory demonstration of compliance this auditor may be able to apply a compliant rating.</p> <p>Based on a formal interview with a first responder, a review of policies, informal interviews with staff during the audit tour the auditor was satisfied that the MTU staff are well aware of their first responder obligations under provision (a) of the standard and has executed these obligations when necessary. Specifically, one staff member revealed to the audit team that they would separate the alleged victim from the alleged perpetrator and immediately notify supervisory staff before completing a Notice of Investigation; security would determine next steps and ensure potential evidence was obtained or secured. Also, during the audit tour the audit team informally spoke to officers staff throughout the facility to gauge knowledge and</p>

understanding of first responder duties. During these informal interviews, it was apparent to the audit team that each individual was aware of their responsibility to notify their supervisor, separate the involved individuals and preserve evidence. It is also notable that MDOC developed a pocket-sized quick reference guide for staff utilization and refresher to ensure proper protocols of first responder responsibilities.

115.64 (b). The PREA Manual, which was reviewed by the auditor, requires that a non-custody first responder staff immediately notify a supervisor in their chain of command for a referral to the facility Inspector. Non-custody staff are directed to request that the alleged victim not take any actions that could destroy physical evidence. There were no non-security first responders during the audit period. During the audit tour, staff were informally interviewed and demonstrated that they were well aware of their responsibilities to request that the alleged victim not take any actions that could destroy physical evidence to demonstrate compliance with provision (b) of the standard.

Corrective Action Recommendation:

It is recommended that MTU provide a copy of the investigation in support of information provided in the PAQ for §115.64 (a)(2) in order that the auditor can further evaluate the instruction provided to the alleged victim that would demonstrate the procedures implemented did in fact prevent the destruction of physical evidence that may have existed.

POST INTERIM REPORT CORRECTIVE ACTION: Following the submission of the interim report, the auditor requested and received documentation for investigation 26968 which was another incident resulting in a forensic examination. Within the investigation, a psychologist suspected the alleged victim may have been sexually assaulted due to anal bleeding despite the alleged victim initially denying that he was sexually assaulted. Upon initial knowledge of the individual experiencing anal bleeding, he was taken to medical and assessed. During the assessment, he denied any sexual assault; therefore, a bloodspill porter was directed to clean the cell. However, upon the latter suspicions of the psychologist the facility initiated a transport to Sparrow Hospital for a SANE evaluation. During this evaluation, the alleged victim had disclosed that he was sexually assaulted; however, had previously showered after the incident. Based upon the information known to the facility at the time of the initial medical treatment of the individual, the auditor can appreciatively understand why there was no direction given to preserve evidence consistent with 115.64. Moreover, the inmate's healthcare records and treatment history confirm that the individual had a medical condition, which could plausibly have caused the anal bleeding that would have not raised suspicions at the time of his initial medical evaluation. Given the evaluation of the requested information post interim report, the auditor finds sufficient evidence that the facility completes its first responder duties in accordance with 115.64 when allegations are known.

The auditor also received investigation 26919 during the corrective action period. Within this investigation, it was revealed that the alleged victim reported a potential sexual assault by a cellmate occurring the night before. The individual was transported to Sparrow Hospital for forensic examination. The facility's critical incident report details how the individual's clothing from the time of the assault was placed into evidence bags, how his property within his cell was secured, as well as, the cell being taken out of service and blocked with crime scene tape until cleared by MSP. The incident report described how evidence was preserved until retrieved by the investigating MSP trooper. The auditor determines that the facility adequately

took actions to preserve evidence in accordance with 115.64.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none">1. Documents:<ol style="list-style-type: none">a. MDOC PREA Manual; April 2017 (p25-26)b. OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners2. Interviews:<ol style="list-style-type: none">a. Wardenb. PREA Coordinator3. Site Review Observations:<ol style="list-style-type: none">a. MDOC Sexual Violence Response & Investigation Pocket Guide <p>115.65 The facility has developed its own operating procedures for agency policy 03.03.140. The document titled MTU OP 03.03.140 and the MDOC PREA Manual, which were reviewed by the auditor, describe the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. This local operating procedure contains a section which stipulates “Who Does What” in the facility’s overall implementation of the PREA standards at the facility; including those actions necessary when responding to an allegation of sexual abuse. The interview with the Warden outlined the facility’s preparation, with an emphasis on the importance of training, to employ first responder procedures involving key staff in coordinated manner to find compliance with provision (a) of the standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.66</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p22) b. MSEA Agreement (Labor and Trades and Safety and Regulatory Units) (Art 9) c. AFSCME AFL-CIO Agreement (Institutional Unit)A (Art 9 Section A15) d. Michigan Corrections Organization (MCO) Security Unit Agreement (pp8, 28) e. SEIU Labor Agreement (Scientific and Engineering) (Art 7) f. SEIU Labor Agreement (Technical Unit) (Art 10) g. UAW Primary Agreement (administrative Support Unit and Human Services) (Art 5) 2. Interviews: <ol style="list-style-type: none"> a. Warden 3. Site Review Observations: <ol style="list-style-type: none"> a. Management-Line staff relations appeared amicable <p>115.66(a-b). The MDOC's PREA Manual's language, which was reviewed by the auditor, mirrors the language of provision (a) of the standard. A review of the 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, and United Auto Workers (UAW)- Administrative Support Unit and Human Services Unit. The auditor was satisfied that all agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates, consistent with provision (a) of the standard. Specifically, when warranted, the employer may take actions that include suspension of an employee during the course of an investigation when the employer finds removal from the premises is warranted. This suspension may continue until the time where disciplinary actions are determined.</p> <p>An interview with the Warden by this auditor and by Auditor Franks and the agency head's designee, it was confirmed 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> <p>This auditor is not required to audit provision (b) of the standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (pp 17-18) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (C,LL,V) c. Audit Cycle investigations d. Completed CAJ-1022 (90 monitoring form) (pp1-12) 2. Interviews: <ol style="list-style-type: none"> a. Prison Counselor (PC) b. PREA Coordinator c. Warden 3. Site Review Observations: <ol style="list-style-type: none"> a. PCs and their offices on the units <p>115.67(a). PD 03.03.140, the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The agency designates that Supervisory staff, other than the direct supervisor, shall monitor for retaliatory performance reviews, reassignments and other retaliatory action not substantiated as legitimate discipline or performance matter for staff. Supervisory staff shall also monitor for disciplinary sanctions, housing/program changes and also conduct periodic status checks for prisoners who report or have reported alleged victimization. An interview between the agency head's designee and Auditor Franks confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at each facility. At the MTU, the Resident unit Manager (RUM), Assistant Residential Supervisor (ARUS) and Prison Counselor (PC) positions are responsible for inmate retaliation monitoring. The aforementioned allow the auditor to determine compliance with provision (a) of the standard.</p> <p>Auditor has reviewed the MTU PAQ which reports that no incidents of retaliation occurred during the last 12 months. Interviews of the random staff selection revealed that the majority of staff are aware that they may request retaliation monitoring; however, most indicated that they likely would not request this because reporting allegations of sexual abuse and sexual harassment is their job responsibility. These responses from the interviews with random staff emphasized the reporting culture that has been established at MTU. However, the auditor determined that definitive direction and clarification, specifically among the management of the MTU will have to be reinforced for consideration of compliance with the provisions (a) and (c) of this standard.</p> <p>115.67 (b) Through interviews between Auditor Franks and the agency head's designee and the PREA Manager, as well as this auditor's interview the PREA Compliance Manager and the</p>

Warden of MTU, it was determined that both the agency and the facility employ multiple measures to ensure that inmates and staff who report sexual abuse and sexual harassment or cooperate with investigations into such actions are protected from retaliation consistent with provision (b) of the standard. In addition to separating individuals within or by transfer from the facility, the Assistant PREA Coordinator stated that mental health referrals can be made for supportive services, when necessary. The auditor determines compliance with provision (b) of the standard based on the cited interviews, policy provisions to ensure multiple monitoring measures are employed and facility protection measures it demonstrated following allegations of sexual abuse and sexual harassment.

115.67 (c). PD 030.03.140 and the PREA Manual, which was required by the auditor in determining compliance with provision (c), articulate that both staff and inmates who cooperate with sexual and sexual harassment investigations shall be protected from retaliation from staff and inmates. The PREA Manual states that individuals who report sexual abuse are monitored for at least 90 days. The agency and the facility monitor for 90 days unless the allegation is unfounded, at which time, retaliation monitoring would cease. In the event retaliation is observed, policies ensure that it is remedied promptly and that monitoring can be extended beyond 90 calendar days if necessary. An interview with staff charged with retaliation monitoring confirmed that should retaliation be identified, the matter would be referred for investigation.

The facility reported no instances in the PAQ of retaliation during the 12 months preceding the audit. Approximately twenty six (26) investigation files were reviewed for documentation of retaliation monitoring and all sexual abuse investigations contained a CAJ-1022 to support that retaliation monitoring had been completed.

115.67 (d). Staff responsible for retaliation monitoring stated in an interview that retaliation monitoring typically takes place for 90 days and considers a wide array of factors, such as housing changes, changes in behavior and discipline. Monitoring is conducted by a review of these activities and in person meetings, consistent with provision (d) of the standard. This staff member stated that, status checks are completed on a weekly basis; however, can take place more frequently if warranted and extend beyond 90 days. It was noted that the counselors and their office locations on the housing units make the PCs ideal personnel to complete the assigned retaliation monitoring with daily access to the affected inmate on their housing unit.

115.67 (e). The PREA Manual, which was reviewed by the auditor, specifies that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary. The Warden confirmed in interviews that allegations of retaliation are taken seriously and investigated when reported by anybody who cooperates with sexual abuse and sexual harassment allegations to determine compliance with provision (e) of the standard. The facility had no investigations where an individual who cooperated with the investigation expressed fear of retaliation to trigger such monitoring.

The PREA Manual, which was reviewed by the auditor, specifies that retaliation monitoring ceases when an allegation is unfounded. A review of investigations confirmed that the facility has a routine practice of discontinuing the monitoring of individuals following unfounded

findings. Actions taken by the facility are consistent with provision (f) of the standard.

115.67 (f). Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (f). Through staff interviews and review of investigations, it is evident that there is 90 days of retaliation monitoring following an inmate's allegation of sexual abuse or sexual harassment unless the allegation is unfounded. Review of the CAJ-1022 forms verified that retaliation monitoring are not discontinued due to false allegations/no evidence.

Recommendation:

It is recommended that MTU's management team advertise the availability and explain the value of retaliation monitoring procedures with regard to §115.67 (a) and (c) since the majority of staff interviewed by the audit team indicated that they would likely not request retaliation monitoring since they considered this part of their job.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual, April 2017 (pp16-18) b. PD 04.05.120 Segregation Standards (pp 2, 4-8) c. PD 04.05.120 Segregation Standards (pp2-8) d. Audit Cycle Investigations (26) 2. Interviews: <ol style="list-style-type: none"> a. Warden b. Temporary Segregation Unit Officer 3. Site Review Observations: <ol style="list-style-type: none"> a. Temporary segregation cells <p>115.68 The auditor reviewed the PREA Manual and policy 04.05.120 in determining compliance with the standard. The PREA Manual contains language consistent with conditions with standard §115.43. The facility indicated in the MTU PAQ that no inmates were placed in involuntary segregated housing during the last 12 months who made allegations of sexual abuse. The audit team visited the MTU segregation unit on the first day of the audit and through interviews with staff and a review of investigations conducted onsite, the audit team verified that no inmates were placed in segregated housing pursuant to having filed a PREA allegation, thus rendering compliance with the standard.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.71</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documentation: <ol style="list-style-type: none"> a. MDOC PREA Manual, April 2017 (pp 28-30) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (RR,AAA, BBB, CCC) c. MDOC Sexual Violence Response & Investigation Pocket Guide (p20) d. Audit cycle investigations e. Basic Investigator Training Manual (pp1-13) f. NIC LearnCenter - PREA Investigating Sexual Abuse in a Confinement Setting g. Investigator training records h. PREA Administrator Memo i. Referral to MSP documentation (pp1-20) j. AIPAS-MDOC Computerized Investigative Database 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator/Inspector b. Sexual abuse investigator <p>115.71 (a). P 03.03.140 and the PREA Manual were reviewed by the auditor in determining compliance with provision (a).</p> <p>These documents indicate that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, shall be investigated. Staff shall ensure all allegations are referred to the appropriate law enforcement agency in accordance with policy and law for criminal investigation in conjunction with the Department's administrative investigation. Referrals to law enforcement shall be documented in the Department's investigative report, PREA investigation worksheet(s) and pertinent computerized database entry(ies). A warden's or administrator's designee will refer the allegation no later than 72 hours after the report was made to the Internal Affairs Division by creating the AIM electronic file entry for each alleged incident. Agency policy requires that all reports, regardless of their source of origination, be taken and referred for investigation.</p> <p>An interview with a facility investigator acknowledged that investigations are required to be initiated within 72 hours of report, however, facility practice is typically sooner. 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 twenty-six investigation files demonstrates that the facility responds promptly to allegations and initiates investigations upon receipt of an allegation.</p> <p>Twenty-six investigation file reviews conducted during the pre-audit, onsite and post audit time periods demonstrate that the facility routinely identified and interviewed applicable witnesses, reviewed video surveillance and sought physical evidence in its pursuit of thoroughness. An</p>

interview with a facility inspector confirmed that it is practice for all parties to be interviewed. Although there is evidence within two investigations (AIM 27476 and AIM 27479) that the investigators relied on an outdated investigative questionnaire process for interviewing witnesses and other principles within the investigation; this occurred in a minority of investigations and is best addressed through individual training with the investigators, rather than through formal corrective action. This auditor is satisfied that the MTU conducts investigations consistent with the intended requirements of provision (a) of the standards and its practice demonstrates substantial compliance.

115.71 (b). PD 03.03.140 and the PREA Manual, which were reviewed by the auditor, requires that Department investigators receive specialized training from the Training Division to be able to conduct sexual abuse investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The MTU provided records, reviewed by the auditor, in determining compliance with provision (b) of the standard, to demonstrate that it has nineteen (19) current investigators total covering all three shifts who completed both the MDOC's Basic Investigator and the NIC Specialized Investigator's training courses.

An interview with a facility investigator demonstrated knowledge of Miranda and Garrity warnings. The inspector articulated considerations for interviewing sexual abuse victims, evidence collection techniques to preserve forensic evidence and knowledge of the preponderance of the evidence in accordance with the PREA Manual. The investigator's knowledge exhibited an understanding of the essentials of the training required to support the requirements of meeting substantial compliance with provision (b).

115.71 (c). The MDOC's Basic Investigator Training course, which was reviewed by the auditor in determining compliance with provision (c) provides sufficient background training to enable investigators to fulfill the elements set forth within the standards. PD03.03.140 and the PREA Manual outline the agency and facility's goal to comply with the all elements noted in provision (c), the facility practice and review of investigations demonstrates substantial compliance with this provision of the standard.

Through a review of investigations, the auditor observed one case in the 12 months preceding the audit where sexual abuse was alleged within the timeframe for the opportunity to collect forensic evidence. The incident was alleged to have occurred within 24 hours of the report; the facility reviewed the video surveillance of the alleged crime scene, per MSP's direction, which did not corroborate the alleged victim's account. The alleged victim was transported for a SANE evaluation which produced no evidence of a sexual assault. The MSP was unable to produce any evidence to support the prisoner's allegation. Through a review of additional investigations, 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 demonstrates that it reviewed video evidence to disprove those allegations that did not occur and to prove 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 time pertaining to alleged staff misconduct.

A review of facility investigations revealed ample evidence of pertinent parties being interviewed as required by the standard. Investigative packets demonstrated that all reports are initiated and proceed along the same format, in an organized and progressive manner, well documented at every step of the process. Direct and circumstantial evidence is considered and documented within the report. Although there is evidence within two investigations (AIM 27476 and AIM 27479) that the investigators relied on an outdated investigative questionnaire process for interviewing witnesses and other principles within the investigation; this occurred in a minority of investigations and is best addressed through individual training with the investigators, rather than through formal corrective action. This auditor is satisfied that the MTU makes adequate efforts to preserve direct and circumstantial evidence, reviews prior complaints and reports of sexual abuse during the investigation, and conducts interviews as required in substantial compliance with provision (c) of the standard. The auditor notes that the facility maintains four evidence retention boxes within the facility, one in medical, two above the arsenal, and one in storage. All boxes are sealed and ready for the sanitary collection of evidence if necessary. The boxes are accompanied by a logbook, which demonstrated one of the kits had been used in November 2018. The auditor requested a copy of the corresponding investigation to understand how the kit was used and how evidence was collected/preserved. This investigation was not received by the time of this interim report. Therefore, a finding of compliance will be withheld until the investigation is provided and demonstrates compliance with the standard.

115.71 (d). Basic Investigator 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 when there was MSP involvement. There were no reviewed investigations that demonstrated the potential for prosecution based upon the nature of the evidence uncovered during the investigation, where compelled interviews could have impeded progress. The auditor finds compliance with provision (d).

115.71 (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 on the "facts," and has never utilized a polygraph or truth-telling device in the investigatory process, since it is not permissible. An inmate who reported sexual abuse verified that he was not subjected to any truth-telling device to prove or disprove his credibility during an investigation. Through a review of investigations, there was no evidence to suggest that a participant's status dictated whether they were more or less credible than other participants to allow this auditor to find compliance with provision (e).

115.71 (f). 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. While these investigations demonstrate minimum compliance with the floor of the standard, it is recommended that investigators expand written summaries of individual participant investigatory interviews/testimonial evidence to more thoroughly document the examination of staff actions relative to the allegation, be more descriptive of investigative facts/findings, and more thoroughly describe reasoning behind credibility

assessments of individual participants.

115.71 (g) According to an interview between Auditor Franks and the PREA Manager, the MSP conduct criminal investigations and requires that the agency comply with applicable PREA standards. This auditor reviewed the PREA Manual which also requires that investigative reports are generated to outline both physical and testimonial evidence, credibility assessment and investigative facts. A formal interview with the PREA Coordinator by the auditor revealed that sexual abuse allegations that appear to be criminal are referred to the Michigan State Police (MSP). An MTU inspector, who is assigned as a liaison to MSP, receives regular updates on all referred matters. During the post audit, the facility provided the auditor investigation file (AIM# 27352), which included a photocopy of MSP's investigative report along with supporting documentation that either proves or disproves the investigative outcome. The report format confirms these reports are written in a format that is consistent with provision (g) of the standard allowing the auditor to find the provision compliant.

115.71 (h). Through interviews with the PREA Coordinator and facility Inspector, a standing memorandum from the former MDOC PREA Administrator dated July 21, 2016, and a review of PD 03.03.140, the PREA Manual and investigations, the auditor observes that MSP review referred substantiated investigations for prosecution as required by provision (h) of the standard. The auditor notes that the MDOC does not refer cases directly to a prosecutor's office for prosecution. Such responsibility lies solely with the law enforcement agency (MSP) investigating the criminal aspects of a particular allegation. Based on review of applicable policy, interviews and evidence of MSP response regarding referral for prosecution, the auditor is satisfied that MTU has sufficient procedures in place and has exercised those procedures to refer substantiated allegations of criminal conduct through the MSP for prosecution consistent with provision (h) of this standard.

115.71 (i). The PREA Manual was reviewed by the auditor, specifies that all investigative reports are retained for as long as the alleged abuser is incarcerated or employed by the Department plus an additional five (5) years in compliance with provision (i) of the standard.

115.71 (j). PD 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with this provision, specifies that investigations will continue despite the release of any alleged victim or abuser. There were no examples of the facility terminating an investigation based on the release of an alleged victim or abuser; thereby, demonstrating compliance with provision (j). Moreover, the examination of facility investigations revealed evidence of compliance, specifically, an investigator contacted another facility to complete interviews with the suspected perpetrator, following their transfer to another correctional facility, while the facility's investigation remained ongoing.

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

115.71 (l). Interviews with the Warden, PREA Coordinator, a facility inspector, and an interview between Auditor Franks and the PREA Manager, 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 requirements in PD 03.03.140, and the PREA Manual, coupled with investigatory documentation that revealed email correspondence between the facility and MSP to demonstrate that the facility attempted to remain informed of a forensic

examination status relative to an investigation allowing this auditor to find compliance with provision (I).

Corrective Action Recommendation:

It is recommended that the MTU provide a copy of the corresponding investigation identified in §115.17 (c) to understand how the evidence collection kit was used and how evidence was collected/preserved. According to the PREA Coordinator, the evidence collection boxes are accompanied by an evidence retention logbook. In reference to the logbook notation, it was conveyed that the kit was utilized in the August/September timeframe, which is within the audit period.

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the facility provided investigation 26968. This investigation revealed that the individual was seen by the facility's medical staff for anal bleeding and it is noted that the individual has a medical condition which could have possibly been the source of the observed bleeding rather than direct evidence of sexual assault. During questioning occurring in the medical evaluation, the individual denied having been sexually assaulted. However, during a later psychological evaluation, and given the individual's mental health and intellectual capabilities the psychologist suspected that the individual either self-inflicted the injury or may have been sexually assaulted. As a precautionary measure, the facility transported the individual for a forensic medical examination at Sparrow Hospital at which time the individual had reported being sexually assaulted. Based upon the knowledge of the facility, it is understood that the facility transported the individual for forensic examination out of an abundance of caution and therefore did not collect or preserve evidence in accordance with provision (c) of the standard. After evaluation of the evidence, the auditor finds that there has been no breach of 115.71 (c).

The auditor also received investigation 26919 during the corrective action period. Within this investigation, it was revealed that the alleged victim reported a potential sexual assault by a cellmate occurring the night before. The individual was transported to Sparrow Hospital for forensic examination. The facility's critical incident report, which is part of the investigation, details how the individual's clothing from the time of the assault was placed into evidence bags, how his property within his cell was secured, as well as, the cell being taken out of service and blocked with crime scene tape until cleared by MSP. The incident report described how evidence was preserved until retrieved by the investigating MSP trooper. The auditor determines that the facility adequately took actions to preserve evidence and clearly described those actions in accordance with 115.71 (c).

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p22) b. Basic Investigator Training (Hour 2-3) c. Audit Cycle Investigations (26) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Sexual abuse investigator <p>115.72 The PREA Manual and the Basic Investigator Training Manual, which were reviewed by the auditor in determining compliance with this standard, specify that the agency's standard of proof is to be the preponderance of the evidence. The facility indicated in their response to the PAQ that the agency imposes a standard of preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigative staff accurately communicated and described the preponderance of the evidence standard when questioned during the onsite visit interviews. Reviews of twenty six (26) investigation files were performed pre-audit and post audit, and file information does not suggest that the facility imposed a higher standard of evidence. Based upon the auditor's review of MDOC policy, training manual, investigative files and interview of facility investigators, the auditor has concluded there is sufficient application of this standard to find compliance.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>.73</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (pp 30-31) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners(UU, VV, WW) c. CAJ-1021 Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action d. Prisoner Notifications (pp1-18) e. Audit cycle investigations (9) 2. Interviews: <ol style="list-style-type: none"> a. Interviews b. Sexual abuse investigator <p>115.73(a). PD 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that the victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Both the Warden and a facility Investigator confirm that inmate victims are notified of the investigatory results. A review of investigative files during the pre-audit, onsite and post audit by the auditor, revealed that the CAJ-1021 form was consistently issued to alleged victims, with the exception of any current, ongoing investigations. Review of investigations demonstrate documentation of inmate notifications to demonstrate compliance with provision (a) of the standard.</p> <p>115.73 (b). PD 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that the assigned investigator shall remain informed about the progress of the criminal investigation and disposition. The auditor interviewed the PREA Coordinator and reviewed facility investigations to determine there was one completed by MSP during the audit period and observed that notifications were provided consistent with provision (b) of the standard.</p> <p>115.73 (c). PD 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), indicate that the victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Agency policy was observed to require that notification of the factors enumerated in provision (c) of the standard are provided for Substantiated/Sufficient Evident and Insufficient Evidence/Unsubstantiated allegations that a staff member sexually abused a prisoner. The inmate victims are notified in writing using a Department form CAJ-1021. During a review of the facility’s investigations; there was no evidence that any investigation produced sufficient enough evidence to trigger the movement of a staff member, termination of a staff member, or criminal indictment/conviction of a staff member to predicate notifications pursuant to provision (c) of the standard. Based on observed practice of notifications under provision (a) and policy provisions specific to (c), this auditor is satisfied that the facility has procedures in place to make such notifications if required.</p>

115.73 (d). PD 03.03.140 and the PREA Manual, which was reviewed by the auditor in determining compliance with provision (d), indicates that the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions in compliance with provision (d). The MTU had no such instances reported in the PAQ of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months, thus, could produce no facility specific examples in support of this standard. During a review of the facility's investigations; there was no evidence that any investigation produced sufficient enough evidence to trigger indictment or conviction for a charge related to sexual abuse by an inmate perpetrator.

115.73 (e). A review of facility investigations produced ample documentation of its notification of investigatory results. The facility exceeds provision (e) of the standard by also providing documentation notification of sexual harassment investigatory results. Sample investigations included a completed CAJ-1021 notification form as proof of inmate notification in all investigations, except for those which were ongoing to demonstrate compliance with provision (e) of the standard.

115.73 (f). The PREA Manual specifies that an obligation to notify an inmate of investigatory results terminates if the inmate is discharged from the facility's custody, consistent with provision (f) of the standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p31) b. PD 02.03.100 Employee Discipline (E) c. PD 02.03.100 Employee Discipline –Attachment A (pp1-3) d. PD 03.03.140 PREA and Prohibited Sexual Conduct involving Prisoners (T,U) e. Employee Handbook (rules 51-52) 2. Interviews: <ol style="list-style-type: none"> a. HR staff 3. Site Review Observations: <ol style="list-style-type: none"> a. HR files <p>115.76 (a). PD Employee Discipline, PD 02.03.100A, 03.03.140, the PREA Manual, and the Employee Handbook work rules were reviewed by the auditor in determining compliance with provision (a) of the standard. The agency clearly establishes through existing policies that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies, in compliance with provision (a) of the standard.</p> <p>115.76 (b). The staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with provision (b) of the standard. There have been no substantiated instances of sexual abuse within the audit period to confirm agency practice. Based on policy provisions, the facility demonstrates its compliance with provision (b) of the standard.</p> <p>115.76 (c). The PREA Manual and staff sanctioning matrix PD 02.03.100A provided to and reviewed by the auditor verify 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 PD 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations. There were no official acts of discipline issued by the facility during the course of the audit period for violations of sexual abuse and sexual harassment policies to confirm agency practice with respect to provision (c) of the standard. Based on policy provisions, the auditor determines compliance with provision (c).</p> <p>115.76 (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</p>

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 consistent with criminal behavior. There were no terminations or resignations in lieu of termination to demonstrate facility practice with respect to provision (d) standard. Based on policy provisions, the auditor determines compliance with provision (d).

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.77</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p31) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (U) c. Memo-Investigations of Contractual Employees <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Warden <p>115.77 (a). PD 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, both contractors and volunteers are held to the same standards as employees directly hired by the agency when it comes to disciplinary action for engaging in sexual abuse and sexual harassment. Therefore, any contractor or volunteer engaging in these behaviors would presumptively be terminated or barred from the facility. The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies. Finally, the PREA Manual requires reporting of such conduct to law enforcement and relevant licensing bodies consistent with provision (a) of the standard. Based upon policy provisions, the auditor determines compliance with provision (a).</p> <p>115.77 (b). The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies, consistent with provision (b) of the standard. An interview with the Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed and “banned” from the facility or placed under direct observation if the violation were minor. The Warden cited an example that occurred outside the audit period when he initiated a stop order against a former food service contract staff member to prevent the individual from visiting the inmate victim who remains housed at MTU. There were no current, substantiated allegations of sexual abuse or sexual harassment involving contractors or volunteers upon which to gauge facility practice during this audit cycle. Based upon policy provisions and the Warden's interview, the auditor determines compliance with provision (b).</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78</p> <p>The following evidence was analyzed in making the compliance determination following evidence:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p32) b. PD 03.03.105 Prisoner Discipline (A, C) c. PD 03.03.105 Prisoner Discipline-Attachment A (pp1-3) d. PD 03.03.105 Prisoner Discipline-Attachment D (p1) e. PD 03.03.105 Disciplinary Sanctions-Attachment A (code 052) f. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (III,L, S) g. Audit Cycle Investigations (26) h. Prisoner Guidebook (pp7-11) 2. Interviews: <ol style="list-style-type: none"> a. Medical staff b. Mental health staff c. Warden d. PREA Coordinator <p>115.78 (a). The auditor reviewed PD 03.03.105 Prisoner Discipline and the PREA Manual when determining compliance with provision (a). These documents confirm that inmates are only subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that sexual abuse occurred. At the time of the audit, there were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. Based upon policy requirements prior to the imposition of discipline, the auditor determines compliance with provision (a).</p> <p>115.78 (b). The auditor reviewed PD 03.03.105 and 03.03.105, 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 interview with the Warden revealed that the facility would follow the prisoner sanctions procedure for those who violate sexual abuse and sexual harassment policies, the security level can be raised, and criminally, violators could be prosecuted and receive another prison sentence. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon the established sanctioning matrix relative to the imposition of discipline and an interview with the Warden, the auditor determines compliance with provision (b).</p> <p>115.78 (c). The auditor reviewed PD 03.03.105, and the PREA Manual, which establishes procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed, consistent with provision (c) of the standard. An interview with the Warden confirms that facility hearing examiners have a degree of flexibility in their decision-making process to consider the mental status of an inmate when determining</p>

sanctions. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon an interview with the Warden and the agency's policies for the consideration of mental health status prior to the imposition of discipline, the auditor determines compliance with provision (c).

115.78 (d). The auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse consider placing offending inmates into such programs. During the onsite visit, the audit team interviewed medical and mental health staff who advised that the victim is assessed and evaluated for mental health purposes, and routinely offered therapy, counseling or other intervention services. It was also conveyed that a treatment plan for the offending inmate is formulated based on criteria per policy. Facility mental health staff described an evaluation procedure that would be employed if an inmate were found to have engaged in sexual abuse. The evaluation procedures would consist of the administration of the MDOC's assessment tools (Static 99 and Stable) to determine any relevant treatment need. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon an interview with facility mental health staff and policy requirements, the auditor determines compliance with provision (d) of the standard.

115.78 (e). The auditor reviewed PD 03.03.140, PD 03.03.105 and the PREA Manual in determining compliance with provision (e) of the standard. These policies contain language that is consistent with provision (e) of the standard to verify that inmates may only be disciplined for sexual contact with staff when there is a finding that staff did not consent to such contact. The auditor noted one recommendation during the investigative file which re were no examples at the MTU of inmates being disciplined for consensual sexual contact with staff, allowing the auditor to determine compliance with provision (e) of the standard.

115.78 (f). The auditor reviewed the PREA Manual when determining compliance with provision (f). This document prohibits disciplinary action against an inmate for making a report in good faith based upon a reasonable belief that an alleged act occurred. A review of twenty six (26) facility investigations demonstrate that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven, allowing the auditor to find compliance with provision (f).

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

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p14) b. PD 03.04.100 Health Services (F, T(3)) c. PD 03.04.108 Prisoner Health Information (pp3-4) d. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (BB, HHH, III) e. PD 04.01.105 Reception f. Facility Services (KK)* g. RGC OP 03.03.140 (p3)* g. PD 03.03.105 Disciplinary Sanctions-Attachment A (code 052) h. NCF OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (pp8-9) <p>*These documents are relevant in the Charles Egeler Reception Center (RGC), the initial intake/diagnostics facility.</p> <ol style="list-style-type: none"> 2. Interviews: <ol style="list-style-type: none"> a. Prison Counselor b. Medical staff c. Mental health staff d. PREA Coordinator <p>115.81 (a) The PD 03.04.100, PD 03.04.140, PD 04.01.105, and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), combine to form the agency and facility's approach to providing the required medical and mental health services for victims of sexual abuse. The MDOC has established intake risk screening procedures across the agency to include risk assessments within 72-hours of intake, within 30 days of reception and an annual review.</p> <p>The MTU utilizes the facility's automated program that tracks and documents the completion of the intake risk screening and any required referrals to mental health practitioners, based upon the data reported during the risk screening process. A PREA Tracker excel spreadsheet was created and implemented beginning February 2019 to capture this information.</p> <p>During the pre-audit, the auditor was provided eight (8) of fifteen (15) requested examples of inmates being referred for mental health services, pursuant to the completion of the PREA risk screenings, to demonstrate compliance with provision (a) of the standard. The eight inmates who reported sexual victimization during the risk screening process declined mental health services as evidenced on the PREA Tracker excel spreadsheet. The PREA Analyst explained that the other seven (7) individuals who are not reflected on the PREA Tracker excel spreadsheet were assessed prior to February 2019; however, were asked whether they wanted to receive healthcare or mental health services and if they declined, no further action occurred. Additional documentation was reviewed during the onsite visit for thirteen (13) additional inmates and the nexus between reported victimization uncovered through risk</p>

screening associated with §115.41 and the referral were clearly evident.

Informal and formal interviews conducted during the onsite visit with medical, mental healthcare staff, and a prison counselor who is responsible for conducting risk screening assessments, related that when prisoners disclose prior sexual victimization, they are offered a follow-up meeting with a mental health practitioner, which would occur within 14 days. The nexus between reported victimization uncovered through risk screening associated with §115.41 and the referral were apparent. This auditor finds sufficient evidence that the facility has established practice to demonstrate compliance with provision (a) of the standard.

115.81 (b) PD 03.04.140, PD 04.01.105, PD 04.06.180 and the PREA Manual, which were reviewed by the auditor to determine compliance with provision (b) of the standard combine to form the agency's approach to providing the required medical and mental health services for perpetrators of sexual abuse. As described under provision (a) of this standard, the facility implemented intake risk screening procedures in compliance with §115.41. The MTU PAQ reports that all (100%) of the inmates who disclosed prior victimization during the risk screening assessment were offered a follow-up meeting with medical or mental health practitioner.

The audit team interviewed three (3) facility staff responsible for conducting risk screenings and they indicated that when inmates self-disclose prior sexual victimization they are offered a follow-up meeting with a mental health practitioner. This is required within 14 days, however, is done sooner. All staff interviewed formally and informally were aware of the 14-day requirement for mental health follow-up and stated the meeting would be conducted much sooner. While attempting to interview inmates who disclosed victimization during risk screening at the facility, who remained in the facility at the time of the onsite audit; the auditor was unable to ascertain what is considered to be reliable information due to the mental health status of the individual randomly selected for interview. Specifically, the individual was unable to affirmatively respond to the questions and focused on topics with which he appeared preoccupied.

Additionally, the auditor was provided twenty-one (21) examples of inmates being referred for mental health services pursuant to completion of the PREA risk screenings. The sample inmates who reported sexual perpetration were referred via email distribution to specified parties the same day as the screening, or a corresponding mental health referral form (ROBERTA-R), as evidenced. Inmates are typically seen by mental health services the same day or by the next day of the referral. The nexus between perpetration uncovered through risk screening associated with §115.41 and the referral were evidenced demonstrating compliance with provision (b) of the standard.

115.81 (c) Richard A. Handlon Correctional Facility operates under the definition of a prison; therefore, compliance for provision (c) is measured under provision (a).

115.81 (d) PD 03.04.140 and the PREA manual, which were reviewed by the auditor, as well as interviews with random staff, confirm that information pertaining to sexual victimization occurring in an institutional setting is treated confidentially. All staff who were formally or informally interviewed were aware that information pertaining to sexual abuse is to be shared on a need to know basis, specifically with those individuals who are responsible for making

security and management related decisions in compliance with provision (d) of the standard.

115.81 (e) The auditor reviewed PD 03.03.140 and the PREA manual when determining compliance with provision (e) of the standard. The policies require that any victimization which did not occur in an institutional setting to be accompanied by an informed consent prior to disclosure. Section BB of the MDOC PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners requires that: “Medical and mental health staff shall obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting.” A PREA Authorization for Release of Information Form (CAJ-1028) shall be used for this purpose. A copy of the CAJ-1028 shall be retained for auditing purposes.

During the tour of the facility, the auditor observed PREA Notice signage postings throughout the facility which contains language specific to the Limitations to Confidentiality and Informed Consent. Interviews with facility medical and mental health providers affirmed that the provider must obtain consent prior to disclosure of sexual victimization which occurred outside confinement, enabling this auditor to determine compliance with provision (e) of the standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.82</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p 26) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (Z) c. PD 03.04.125 Medical Emergencies (F) d. PD 03.04.100 Health Services (UU,VV) e. PD 03.04.120 Control of Communicable Bloodborne Diseases (L,N) f. Audit cycle investigations (26) g. MDOC HIV Brochure h. MDOC Hepatitis Brochure 2. Interviews: <ol style="list-style-type: none"> a. Medical staff b. Mental health staff c. Inmate reporting sexual abuse d. First responder 3. Site Review Observations: <ol style="list-style-type: none"> a. Actions of staff when an inmate made allegations <p>115.82(a) The auditor reviewed PD 03.03.140, 03.04.125, 04.06.180, PD 03.04.100, PD 03.04.120 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. The standard of care is required to be consistent with community standards and is determined by the judgement of the practitioner. A mental health staff confirmed for the audit team 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. The Health Unit Manager, and medical staff who were formally and informally interviewed, confirmed for the audit team that PREA protocols are initiated upon receipt of information and that services are delivered within the scope and clinical judgment of the practitioner.</p> <p>Two inmates who reported sexual abuse were interviewed by the audit team. However, one inmate appeared to have ruminating thoughts and difficulty articulating responses relative to the audit question protocol. The second inmate confirmed that they were provided medical and mental health services; however, the date provided during the interview was significantly pre-dated the reported incident. The auditor opines that the inmate's cognitive abilities influenced their ability to provide substantive and reliable information relative to the specialized interview protocol. The auditor notes that the facility's Residential Treatment Program likely contributed to the inability to gather more reliable information.</p>

Through a review of facility investigations, it was evident that the facility has an established practice of providing timely and unimpeded access to emergency medical and crisis intervention services according to the professional judgement of clinicians when emergency responses were required. The investigations confirm that it is the routine practice of the MTU to promptly escort inmates alleging sexual abuse victimization to medical, and refer all alleged victims for mental health services. Specific evidence relied upon to determine compliance was found in sampled investigation AIM #27352. In this investigation an alleged incident of sexual abuse was reported via hotline. The abuse was alleged to have occurred less than 24 hours prior to report. After a brief visit with facility medical personnel, the alleged victim was immediately transported to the facility's outside hospital, Sparrow Ionia Hospital, for a SANE examination. Based upon evidence of emergency services being provided according to the clinical judgement of healthcare professionals, the auditor finds compliance with provision (a) of the standard.

115.82 (b). PD 03.04.125 and the PREA Manual, which were reviewed by the auditor, contains language that mirrors the standard's language to demonstrate compliance with this provision (b) of the standard. The Health Unit Manager, medical staff, first responder, and corrections officers assigned to the medical area who were formally and informally interviewed, indicated that security staff are aware of their need to contact medical providers upon learning of a sexual abuse allegation. A correctional officer is posted in the medical unit on all shifts and a nurse supervisor is available 24/7, allowing the auditor to determine compliance with provision (b) of the standard.

115.82 (c). The PREA Manual, PD 03.04.100 and agency PREA brochures for HIV and Hepatitis were reviewed by the auditor in determining compliance with provision (c) of the standard. The PREA Manual contains language that mirrors the standard and the brochure provides instructions for inmates to access such services. This auditor reviewed documentation associated with investigation AIM # 27352 that validated the outside medical facility provided a review for STI (sexually transmitted infection) testing and prophylaxis. Based upon the medical necessity, as determined by the SANE, such treatment was not appropriate due to the lack of evidence of sexual assault during the forensic examination. Based on the review of investigations and evidence of access to prophylaxis where clinically appropriate, the auditor is satisfied that the MTU is compliant with provision (c) of the standard.

115.82(d). The auditor reviewed PD 03.03.140, PD 03.04.100, 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 auditor requested inmate account information associated with AIM #27352 to validate the individual was not charged for the forensic examination. As of the date of this interim report, the auditor has not received such documentation. Upon receipt and confirmation that such documentation proves compliance; the auditor will find compliance with provision (d).

Corrective Action Recommendation:

It is recommended that the MTU provide inmate account information to verify the individual was not charged for the forensic examination as identified in AIM #27352 relative to §115.82(d).

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the facility provided inmate account information associated with AIM #27352 and AIM #25809. Except for co-payment charges for unrelated medical services other than the alleged dates of sexual abuse noted in each investigation file, no charges were withdrawn from either inmate for medical, mental health care and crisis interventions services, consistent with provision (d) of the standard.

The auditor also had concerns as to whether the facility provided access to emergency prophylaxis in so much as whether the prescription provided at the hospital was filled. A subsequent medical progress note from 11/22/2018 verifies that the facility contacted the Henry Ford Health System to obtain a change order for prescription medication that was readily available, consistent with provision (c) of the standard. Based upon the auditor's review of supporting documentation, that inmates were not charged for emergency medical services, and that emergency prophylaxis was provided, that the facility acts and provides emergency medical and mental health services in accordance with 115.82.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.83</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Audit Manual; April 2017 (pp27,32) b. PD 03.04.100 Health Services (A,B, C,UU,VV,WW, III, JJJ) c. PD 04.06.180 Mental Health Services (H,O,R) d. PD 03.04.125 Medical Emergency Health Care (F) e. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p10) f. Audit Cycle Investigations (26) 2. Interviews: <ol style="list-style-type: none"> a. Medical staff b. Mental health staff <p>115.83(a). The auditor reviewed PD 03.03.140, PD 03.04.125, PD 04.06.180, PD 03.04.100 and the PREA Manual, which combine to form the agency's approach to providing required medical and mental health services for victims of sexual abuse. The auditor requested evidence of practice of referring individuals who have made sexual abuse allegations to mental health practitioners in the form of a mental health contact note. As of the date of this report, the auditor has not received such documentation to confirm compliance with provision (a) of the standard. Upon receipt of such documentation that demonstrates compliance, the auditor may render a compliant finding.</p> <p>As cited under standard 115.81 and as per agency policy, the facility does conduct routine intake assessment procedures, consistent with 115.41. Therefore, the facility does have adequate procedures in place to be aware of all inmates qualifying for services under provision (a) of the standard and provides them ongoing medical and mental health care services as needed.</p> <p>The auditor reviewed PD 03.04.100, 04.06.180 and the PREA Manual, which combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with a facility medical provider revealed that a physician would examine the alleged victim based on information provided to them about the alleged sexual assault and a treatment plan would be formulated. If penetration occurred within 96 hours, the individual would be transported to a local hospital for forensic medical examination. An interview with facility mental health staff confirmed that once the alleged victim was assessed by a medical health staff member, the case monitor would initiate an individualized therapeutic plan. Medical and mental health care providers articulate what is required by provision (b) of the standard and the facility is found to be compliant based upon the actions employed when such cases have been referred to medical and mental health staff's attention. Again, once the facility provides supporting evidence of compliance requested by the auditor; a compliant finding may be rendered.</p>

115.83 (c). The auditor reviewed PD 03.04.100, and the PREA Manual, which combine to form the agency and facility's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care. The standard of care is required to be consistent with community standards and is determined by the judgment of the practitioner. Interviews with mental health staff confirm that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that the level of care provided to alleged victims is "absolutely" consistent with similar services provided in the community and are delivered according to the clinical judgment of the practitioner. Mental health staff stated that they believe mental healthcare is provided at a "higher" level than a community level of care due to the immediate availability of such services and attention afforded to the alleged victim., allowing the auditor to determine compliance with provision (c) of the standard.

115.83 (d). The auditor reviewed PD 03.04.100 and the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. During the audit tour, the auditor observed that MTU does not house female inmates. Based on policy provisions and the absence of any evidence of non-compliance, the auditor determines compliance with provision (d) of the standard.

115.83 (e). The auditor reviewed PD 03.04.100 and the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. During the audit tour, the auditor observed that MTU does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (e) of the standard.

115.83 (f). The auditor reviewed PD 03.04.100 and the PREA Manual, which state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate with respect to provision (f) of this standard. The auditor reviewed documentation associated with investigation AIM # 27352 that validated the outside medical facility provided a review for STI (sexually transmitted infection) testing and prophylaxis. Based upon the medical necessity, as determined by the SANE, such treatment was not appropriate due to the lack of evidence of sexual assault during the forensic examination. Based on the policy and evidence of compliance, the auditor determines the facility is compliant with provision (f) of the standard.

115.83 (g) The auditor reviewed PD 03.04.100 and the PREA Manual, which specify that treatment is provided to victims of sexual abuse, free of charge, regardless of their cooperation with any ensuing investigation. The auditor requested inmate account information associated with AIM #27352 to validate the individual was not charged for the forensic examination. As of the date of this interim report, the auditor has not received such documentation. Upon receipt and confirmation that such documentation proves compliance; the auditor will find compliance with provision (g) of the standard.

115.83(h) The PD 03.03.140 and the PREA Manual, which were reviewed by the auditor, outline that within 60 days of learning of prisoner on prisoner abuser, the facility mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. Mental health staff reported during an onsite interview that evaluative

procedures are in place to address known inmate-on-inmate abusers for applicable treatment modalities. After a review of facility investigations, there are no known inmate instances at the MTU where an inmate was found to have engaged in sexual abuse of another inmate during the audit period to trigger evaluation consistent with the standard provision. Based on policy provisions and the facility's effort to provide the evaluation consistent with this provision of §115.83, the auditor determines compliance with provision (h).

Corrective Action Recommendation:

It is recommended that the MTU provide additional information to support §115.83 (a) and (b) which includes documentation that demonstrates once an inmate was seen by medical or they were transported to outside hospital; they had follow up mental health services provided by the facility.

POST INTERIM REPORT CORRECTIVE ACTION:

Following the submission of the interim report, the facility provided mental health contact notes relative to the individual reporting an allegation in investigation 26968 who was referred for forensic examination. These medical and mental health contact notes confirm that the individual continued to have follow up medical and mental health services post allegation consistent with 115.83 .

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.86</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p32,33) b. Audit Cycle Investigations/Incident Reviews (26) 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator/Inspector b. Deputy Warden <p>115.86 (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. A review of twenty-six (26) sampled investigation files provided to the auditor pre-audit, during the onsite visit and post audit, revealed that a CAJ-1025 form was completed for each investigation, including those unsubstantiated. A Sexual Abuse Incident Review in all sampled investigative files demonstrates substantial compliance with provision (a) of the standard.</p> <p>115.86(b). Through the auditor's review of twenty-six (26) sampled investigation files provided to the auditor pre-audit, during the onsite visit and post audit, the substantial majority of the incident reviews were conducted within the 30-day time period. The four incidences when the sexual abuse incident reviews were conducted beyond the 30-day time period were isolated to the Fall of 2018. The facility revised its procedures to self-correct this deficiency, which appear to have succeeded. The facility has demonstrated that the tardy completion of the CAJ-1025 has been resolved since all sexual abuse incident reviews conducted beyond the correction date are within the 30-day timeframe demonstrating compliance with provision (b) of the standard.</p> <p>115.86 (c). In reviewing the incident reviews, the auditor notes that the facility did involve upper-level managers, investigators and line supervisors. A mental health manager and a health services manager were part of the review team. Interviews with the Warden, Deputy Warden and facility PREA Coordinator confirm that upper level managers are part of the review team and input is considered from multiple angles, to include medical and mental health practitioners. It was revealed that the SAIR committee consists of the facility PREA Compliance Coordinator, Deputy Warden, Health Care Manager and a psychology unit staff member. Based on interviews and incident review documentation, the auditor finds compliance with provision (c) of the standard.</p> <p>115.86 (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. The form is maintained locally</p>

when there are no recommendations for improvement; however, must be forwarded for agency level review when the incident review identifies corrective action to be taken in any of the enumerated standard points. Interviews with the Deputy Warden and facility PREA Coordinator confirms that MTU's review team considers the six factors enumerated under provision (d) of the standard in its review process. While the auditor was unable to find documented evidence of action taken as a result of the incident reviews during this audit cycle, the PREA Coordinator stated that any recommendation would be considered for implementation should an identified training or security need be raised by applicable disciplines within the review process. Based on interviews and policy, the auditor determines compliance with provision (d) of the standard.

115.86(e). As noted under provision (d) of the standard, the facility's review committee has not made any documented recommendations for improvement, during this audit cycle. The auditor reviewed the agency PREA Manual and language exists that reflects the standard. The Warden and the PREA Coordinator indicated during their interviews with this auditor that SAIRs are conducted weekly, usually Monday mornings. Any recommendation for improvement or any concerns are noted on the CAJ-1025. One example of a recent recommendation included relocating a vulnerable inmate closer to the control desk to provide greater supervision and protection. No trends have been identified to date. Based on policy provision and interviews with the Warden, Assistant Deputy Warden and PREA Coordinator, the auditor determines compliance with provision (e) of the standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.87</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. MDOC PREA Manual, April 2017 (p33) b. PD 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners (p7) c. SSV-2 (Survey of Sexual Violence)2014 (pp1-5) d. SSV-2 2015 (pp1-5) e. SSV-2 2016 (pp1-5) f. 2017 Annual PREA Statistics Report (p1) g. 2015 Annual PREA Statistics Report (pp1-2) <p>115.87(a) The PREA Manual states that the Department PREA Manager gathers data on each reported incident to aggregate an annual incident report. All allegations are entered into the Department’s computerized database (AIM) so that uniform data can be collected. The agency has a standard definition of sexual abuse and sexual harassment contained within its PREA Manual that guides data collection consistent with provision (a) of the standard.</p> <p>115.87 (b). The agency prepares an annual statistical report that is published on the agency’s public website consistent with provision (b). This report aggregates information collected through the investigatory database and provides comparative summaries to the previous year’s data. The agency began its commitment to PREA compliance in 2014, and statistical information exists from that time through 2017, with respective reports posted to the agency’s website.</p> <p>115.87 (c). The agency’s annual PREA statistical report for 2017 and its surveys of sexual violence for 2013 through 2017 are posted on the agency’s website to demonstrate compliance with provision (c) of the standard. The data collected by the agency allowed for the answering of all questions required by the Department of Justice’s surveys.</p> <p>115.87 (d). The agency’s investigation database, AIM is utilized to collect data. Additionally, the agency PREA Manager receives a courtesy copy of all facility based sexual abuse incident reviews to collect data consistent with provision (d) of the standard.</p> <p>115.87 (e). During the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. These contracts were not reported under §115.12, nor were the facilities’ incident based and aggregate data included in its 2017 annual report; despite the fact that the contracted entities were under contract in 2017.</p> <p>During the evaluation of §115.12, it was determined that there is insufficient evidence that the agency completes contract monitoring required by §115.12.</p>

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

115.87(f). As noted, the agency prepares its annual PREA report prior to June 30th so that it may have such information available to the Department of Justice upon request in compliance with provision (f).

Corrective Action Recommendation:

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

Post Interim Report Corrective Actions Taken:

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data consistent with the standard. The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.88</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <p>1. Documents:</p> <ul style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p33) b. MDOC PREA Web Link (pp1-2) c. MDOC-PREA Webpage-Annual Reports (pp1-2) d. PREA Administrator’s Annual Reports for 2017 (pp1-2) e. PREA Administrator’s Annual Reports for 2016 (pp1-2) <p>115.88(a). The agency prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse. The agency’s 2017 report identified its efforts to continue training Department investigators, the inmate population and expanded reporting options for third parties. The agency also reported that it began conducting PREA audits of its facilities during 2015, with the goal of enhancing compliance until all facilities in the agency have been audited, consistent with provision (a) of the standard.</p> <p>115.88 (b). The agency’s 2017 annual PREA report compares data from the previous three years, dating back to 2015. The agency maintains its annual reports, from 2017 through 2014 on its website for comparative purposes. The 2017 annual report does summarize the agency’s progress with achieving PREA compliance at its facilities, citing its training efforts and audit progress as steps to enhance compliance consistent with provision (b).</p> <p>115.88 (c). The agency’s annual report is approved by the agency head and the auditor confirmed that the annual report is published on the agency’s website consistent with provision (c).</p> <p>115.88 (d). As noted within the agency audit, the agency does not redact information from its annual report consistent with provision (d).</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89</p> <p>The following documents were reviewed in making a determination of compliance for this standard:</p> <ol style="list-style-type: none"> 1. Documentation: <ol style="list-style-type: none"> a. MDOC PREA Manual; April 2017 (p33) b. MDOC PREA Web Page and Link to SSV Documentation (pp1-3) <p>115.89 (a). As noted within the agency audit, the MDOC establishes procedures within its PREA Manual to direct that data must be securely retained. The agency PREA Manager reported that he alone has access to the agency’s overall data pool for PREA. There are a limited number of upper agency administrators above the PREA Manager’s rank who would have access to the agency investigation database. During the onsite review, investigations and other incident based data were securely retained with investigations. These procedures are consistent with provision (a) of the standard.</p> <p>115.89 (b). As noted under 115.87(e), the agency contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. The facilities’ aggregate data was not included in the agency’s 2017 annual report; despite the fact that the contracted entities were under contract in 2017. Absent evidence that the agency collects and publishes aggregate data for its contracted facilities; the audit team does not find compliance with provision (b) of the standard.</p> <p>115.89 (c). The agency’s reports that are published on the agency website do not contain personally identifying information, consistent with provision (c) of the standard.</p> <p>115.89 (d). The agency’s PREA Manual specifies that data collected pursuant to §115.87 is retained for at least 10 years. The agency maintains its Surveys of Sexual Violence and annual PREA reports on its website. The SSV reports cover the five most recent years since the MDOC committed to PREA compliance and all of their annual statistical reports since committing to PREA compliance in 2014 remain posted to the website consistent with provision (d).</p> <p>Corrective Action Recommendation:</p> <p>It is recommended that the agency establish procedures for contract monitoring, which includes data collection to capture aggregate data for its contracted facilities, which is subsequently published within its annual report.</p> <p>Post Interim Report Corrective Actions Taken:</p> <p>As described in 115.12, the agency’s contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of 115.87, therefore, such information is not included in the MDOC’s annual report consistent with provision (b) of the standard. The MDOC issued a corrective action plan</p>

to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting and inclusion in future annual reports. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data for publication within an annual report consistent with the standard. The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401</p> <p>The auditor was able to tour all areas of the facility, correspond with inmate and interview inmates privately. The auditor was able to observe all computerized and paper records requested. Copies of requested documentation was provided as requested. Interviews were permitted to take place in a private setting. The audit is performed under a consortium, where the auditing agency conducts all audits within the audited agency. Therefore, a third of its only type of facilities (prisons) have been audited.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403</p> <p>The auditor visited the agency website and observed final reports completed by this auditor and other consortium auditors during the second audit cycle. Reports from the first audit cycle were also present.</p>

Appendix: Provision Findings

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

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

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

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

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

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes

	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

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

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

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

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

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

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

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes

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

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes

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

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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes

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

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

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes

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

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

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

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

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

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

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

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

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

115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

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

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

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

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

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

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes

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

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

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

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

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

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

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

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

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

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

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

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

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

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

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

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes

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

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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes

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

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

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

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

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

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

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

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

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

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

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

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

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

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

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

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

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

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

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

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

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

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

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

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

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

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

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

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

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

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

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

115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

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.)	yes
	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.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

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

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

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

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

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