

# PREA Facility Audit Report: Final

**Name of Facility:** Gus Harrison Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/18/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Lori M. Fadorick	<b>Date of Signature:</b> 08/18/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Fadorick, Lori
<b>Email:</b>	lfadorick@gmail.com
<b>Start Date of On-Site Audit:</b>	05/01/2023
<b>End Date of On-Site Audit:</b>	05/02/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Gus Harrison Correctional Facility
<b>Facility physical address:</b>	2727 East Beecher Street, Adrian, Michigan - 49221
<b>Facility mailing address:</b>	2727 E. Beecher St, Adrian, 49221, Michigan - 49221

<b>Primary Contact</b>	
<b>Name:</b>	Michael West
<b>Email Address:</b>	West2@michigan.gov
<b>Telephone Number:</b>	517 265 3900

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Jeffrey Turner
<b>Email Address:</b>	TannerJ1@michigan.gov
<b>Telephone Number:</b>	517-256-3900

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1060
<b>Current population of facility:</b>	1010
<b>Average daily population for the past 12 months:</b>	1500
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-100
<b>Facility security levels/inmate custody levels:</b>	1-4
<b>Does the facility hold youthful inmates?</b>	No

<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	244
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	117
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	50

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Michigan Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	State of Michigan
<b>Physical Address:</b>	206 East Michigan Ave, Lansing, Michigan - 48909
<b>Mailing Address:</b>	
<b>Telephone number:</b>	5173733966

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

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

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

**Number of standards exceeded:**

0

**Number of standards met:**

45

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-05-01
2. End date of the onsite portion of the audit:	2023-05-02

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor spoke with a counselor at JDI

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1060
15. Average daily population for the past 12 months:	1500
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	1010
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	70
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	9
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	66
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	16

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>16</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>57</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>9</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>n/a</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>512</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>50</p>

<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	117
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	<p>The Auditors began conducting random and specialized staff interviews on day one of the onsite audit. The Auditors were provided a private space to conduct the confidential interviews. All staff were made available in a timely manner. No staff refused to be interviewed when requested by the Auditors. All staff interviews were conducted using the established DOJ interview protocols.</p>
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	20
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Auditors reviewed roster and selected based upon the above factors. Inmates were randomly selected by choosing inmates from each housing unit, as well as ensuring a representative sample based on gender, race, ethnicity and length of time in the facility.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The Auditors began conducting inmate interviews on day one of the on-site portion of the audit. Based upon the inmate population on day one of the audit (1026), the PREA Auditors Handbook required that the Auditors interview a minimum of 40 inmates, 20 random and 20 targeted. A total of 45 inmate interviews were conducted. All interviews with inmates occurred in a secure area to ensure privacy. All interviews were conducted using appropriate social distancing by both the Auditors and interviewee. Inmates in quarantine areas were not selected to be interviewed. Offender interviews were conducted using the established DOJ interview protocols. If a randomly selected inmate had refused to be interviewed, an additional inmate from the same housing area would be selected in an attempt to get a cross section from the entire general population. There were no selected inmates that refused.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>25</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>3</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>4</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>6</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>6</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>11</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information obtained from the PAQ; documentation reviewed onsite, including housing logs; and discussions with staff and other inmates</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The Auditors began conducting targeted inmate interviews on day one of the on-site portion of the audit. Based upon the inmate population on day one of the audit (1026), the PREA Auditors Handbook required that the Auditors interview a minimum 20 targeted inmates. All interviews with inmates occurred in a secure area away from offender housing to ensure privacy. All interviews were conducted using appropriate social distancing by both the Auditors and interviewee. Inmates in quarantine areas were not selected to be interviewed. Offender interviews were conducted using the established DOJ interview protocols. If an inmate had refused to be interviewed, an additional inmate from the same targeted group would be selected. There were no selected inmates that refused.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>13</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>

<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Random staff were selected from all shift assignments. There were no barriers to completing the random interviews.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>24</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Grievance Coordinator, Training Coordinator, IT, Warden's Secretary (Incident Tracking), Records Supervisor
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other

<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	N/A
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**SITE REVIEW AND DOCUMENTATION SAMPLING**

**Site Review**

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**Was the site review an active, inquiring process that included the following:**

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The Auditors had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditors observed the facility layout, staff supervision of offenders, security rounds, interaction between staff and offenders, shower and toilet areas, placement of PREA posters, observation of availability of PREA information located adjacent to and in the inmate housing areas, observation of communication in general population housing areas, as well as restrictive housing cells, search procedures, and availability and access of medical and mental health services. The Auditors observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The Auditors conducted a document review of employee and inmate files, and a spot check of documents that were previously provided to the Auditors along with the PAQ, including log books and other institutional forms. The Auditors reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for officers and contract staff. The Auditors reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. The training coordinator explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training. Random offender case files (20) were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and receiving procedures were observed and intake screenings are conducted in private.

The Auditors requested additional supporting documentation to include: training records, randomly chosen inmate medical records, randomly chosen inmate classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions.

Investigative files for the previous 12 months were reviewed for compliance to applicable standards.

**AUGUST 2023 UPDATE SINCE ONSITE AUDIT:  
CORRECTIVE ACTION TAKEN TO ACHIEVE FULL COMPLIANCE**

The Interim Audit Report reflected that there was 1 standard that were in non-compliance at the Gus Harrison Correctional Facility (ARF). Therefore, a required corrective action period, not to exceed 180 days began on May 3, 2023. The Auditors recommended corrective action for the facility and administration agreed and began immediate corrections of those areas found to be in non-compliance. The ARF completed the required corrective

actions requested by the Auditor to bring the facility into full compliance with the PREA standards. Documentation of corrective action was received by the Auditor by email on multiple dates. The Auditor reviewed the submitted documentation to determine if full compliance was achieved. A summary of the evidentiary basis for determining full compliance is discussed within the standard that was originally noncompliant. As a result of successful corrective action, the Auditor determined that Gus Harrison has achieved full compliance with the PREA standards as of the date of this final report. The summary of compliance based upon this final report is found below.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	22	0	0	22
<b>Staff-on-inmate sexual abuse</b>	30	2	2	30
<b>Total</b>	52	2	2	52

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	10	0	10	10
<b>Staff-on-inmate sexual harassment</b>	26	0	0	26
<b>Total</b>	36	0	0	36

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

#### 94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	22	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	30	0	0	0	0
<b>Total</b>	52	0	0	0	0

#### 95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	5	45	0
<b>Staff-on-inmate sexual abuse</b>	0	5	45	2
<b>Total</b>	0	10	45	2

### Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	10	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	26	0	0	0	0
<b>Total</b>	36	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	10	0
<b>Staff-on-inmate sexual harassment</b>	0	2	26	0
<b>Total</b>	0	2	36	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	50
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>19</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>27</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>12</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>



<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	7
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	Investigative files are very thorough and well put together. The Auditors collectively reviewed all investigative reports for allegations of sexual abuse and a sample of investigative files for allegations of sexual harassment - one per month during the audit period.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</b>	1

<b>Non-certified Support Staff</b>	
<p><b>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</b></p>	<p>1</p>
<b>AUDITING ARRANGEMENTS AND COMPENSATION</b>	
<p><b>121. Who paid you to conduct this audit?</b></p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p><b>Identify the name of the third-party auditing entity</b></p>	<p>AB Management and Consulting LLC</p>

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>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.</p>	

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Prisoners - (PREA)</li> <li>2. ARF OP - 03.03.140</li> <li>3. MDOC Prison Rape Elimination Act (PREA) Manual</li> <li>4. Director’s Office Memorandum (2017-12)</li> <li>5. MDOC Organizational Chart</li> <li>6. Position Descriptions</li> <li>7. Facility Coordinator List</li> <li>8. Interview with the PREA Manager</li> <li>9. Interview with the PREA Coordinator</li> </ol> <p>Findings:</p> <p>The Auditor reviewed the MDOC Policies. PD 03.03.140 establishes the agency’s zero tolerance policy and outlines the agency’s approach to implementing the PREA</p>

standards. PD 03.03.140 and the PREA

Manual outline the agency approach to implementing the zero-tolerance policy. Local Operating Procedures 03.03.140 outlines the facility's approach to implementing practices covered by the agency policy and the agency PREA Manual. The MDOC has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The language in the policy provides definitions of prohibited behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy details the agency overall approach to preventing, detecting and responding to sexual abuse and harassment. The culture of "zero tolerance" is visible throughout the facility as evidenced by informational posters prominent in all areas, and interactions and interviews with both offenders and staff.

The MDOC PREA Manual addresses relevant topics such as definitions, prevention, planning, training, placement screening, medical and mental health screenings, cross-gender viewing, searches of inmates, protective custody, protection from retaliation, disabled and LEP 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, inmate 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 MDOC has designated an upper-level staff as the agency-wide PREA Coordinator for the department. According to 03.03.140 and the PREA Manual, the position of PREA Manager fulfills the role of an Agency PREA Coordinator. The title of PREA Manager is used to accommodate existing Michigan Civil Service title rules. Through an interview with the PREA Manager, by virtue of his position, he has the authority to develop, implement and oversee the Department's efforts to comply with PREA standards. There are three regional PREA Analysts that report directly to PREA Manager. There is a PREA Coordinator for each facility that reports to the PREA Analyst for their respective region. The PREA Coordinator and PREA Analysts are directly involved in the implementation efforts, as well as handling and reviewing individual offender issues for the agency.

According to the PREA Manual, the position of PREA Coordinator at the facility oversees the duties of a facility PREA Compliance Manager. The ARF has designated an upper-level staff member as the PREA Coordinator (PC). A review of the organizational chart reflects this position in organizational structure. The facility PREA Coordinator reports that he has sufficient time and by virtue of his position, the authority to develop, implement and oversee the facility's efforts to comply with PREA standards. The PREA Coordinator is involved in the implementation efforts, as well as handling and reviewing individual offender issues at the facility level. The PREA Coordinator is newer to the position, however appears to take the position

	<p>seriously and ensures that all facets of the ARF PREA Program are completed per policy and the PREA standards.</p> <p>Interviews with facility staff indicated that they were trained in and understood the zero-tolerance policy established by the ARF and MDOC. They understand their role regarding prevention, detection and response procedures.</p> <p>In a targeted interview with the Warden he stated that every allegation is investigated and he is kept in the loop on the progress of each allegation. All allegations are investigated thoroughly and each one is looked at on a case-by-case basis on its own merits.</p> <p>After a review, the Auditor determined the facility exceeds the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. Interviews with Staff including the following: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. Contract Monitor</li> </ol> </li> <li>3. Agreement between MDOC/Eaton County and Eaton County Sheriff's Office/ Westside Residential Alternative to Prison (WRAP)</li> <li>4. Agreement between MDOC/Ingham County and Ingham County Sheriff's Office/ Intensive Detention Reentry Program (IDRP)</li> </ol> <p>Findings:</p> <p>The MDOC PREA Manual is written in compliance with the standard and requires confinement of inmates in any new contract or contract renewal include the entity's obligation to adopt and comply with PREA standards. The PREA Manual requires contracts include a provision for contract monitoring to ensure the contract facility is complying with the PREA standards.</p> <p>The Department, or another governmental entity on behalf of the Department, shall not enter into or renew any collective bargaining agreements that:</p> <ol style="list-style-type: none"> <li>(1) Limits the Department's ability to remove alleged staff sexual abusers from contact with prisoners pending the outcome of an investigation;</li> </ol>

- (2) Imposes a standard higher than preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated;
- (3) Limits the determination of whether and to what extent discipline is warranted;
- (4) Prohibits disciplinary sanctions up to and including discharge for violating Department Work Rule #50 "Overly-Familiar or Unauthorized Contact," #51 "Sexual Conduct with Offender," or #52 "Sexual Harassment of Offender," with discharge being the presumptive disciplinary sanction for staff who engage in sexual abuse;
- (5) Prohibits disciplinary sanctions that are not consistent for circumstances that are similarly situated;
- (6) Prohibits referral to law enforcement and relevant licensing bodies, regardless of whether the staff member resigned.

The Auditor reviewed the contract between the MDOC and Eaton County and Eaton County Sheriff's Office/Westside Residential Alternative to Prison (WRAP). This agreement was entered into January 1, 2018. The purpose of the agreement is to house male probation violators (Violators) for participation in Westside Residential Alternative to Prison (WRAP) program, reserving 60 jail beds at the Eaton County Jail for up to a 180-day period to house Violators. The contract includes language as follows: The

CONTRACTOR and CONTRACTOR Personnel shall make itself familiar with and at all times shall observe and comply with all PREA regulations which in any manner affect the performance under this Contract. The CONTRACTOR must subject itself to a Department of Justice (DOJ) PREA Audit at least once every three (3) years beginning August 20, 2013 and will be solely responsible for paying for a PREA Audit as required by this contract. Failure to comply with the PREA standards and related polices of the STATE will be considered a breach of contract and may result in termination of the contract. CONTRACTOR Personnel who may have contact with prisoners must complete PREA training Program A -Correctional Facilities Administration (CFA) Security Regulations prior to entrance in any Michigan Department of Corrections (MDOC) Facility. Upon completion, Contractor Personnel shall submit a signed memorandum to the Contract Administrator documenting completion of the training and date of completion.

The Auditor reviewed the contract between the MDOC and Ingham County and Ingham County Sheriff's Office/Intensive Detention Reentry Program (IDRP). This agreement was entered into on October 1, 2017 to house male parole violators (Violators) for participation in Intensive Detention Reentry Program (IDRP), reserving 50 jail beds at the Ingham County Jail for up to a 45-day period to house Violators.

Language in the contract is as follows: Overfamiliarity with Violators is strictly prohibited. In addition, the Contractor must comply with the Federal Prison Rape Elimination Act (PREA), 28 CFR Part 115. The Contractor must immediately refer any allegations of sexual abuse or sexual harassment made by a Violator to the STATE's on-site Agent. The Contractor shall ensure compliance with the National Standards to Prevent, Detect and Respond to Prison Rape, effective August 20, 2012. See attached PREA standards. If the Contractor does not abide by these standards, it is considered a breach of contract of this Agreement. The CONTRACTOR shall report any observed sexual abuse/sexual harassment of a Violator or allegations of sexual abuse/sexual

	<p>harassment of a Violator to the STATE's on-site Agent and the STATE Program Manager immediately, the same day the allegation or observation is made.</p> <p>The Procurement, Monitoring and Compliance Division (PMCD) within the Michigan Department of Corrections (MDOC) oversees the MDOC's contracts and will ensure that the Contractor is delivering services according to the contract requirements. The State Contract Manager or designee will serve as the lead for all contract related issues and will assist in facilitating kick-off meetings, determining service level agreements, overseeing the transition timeline and working with the MDOC program staff to ensure the contractual requirements are being met. The State Contract Monitor assigned to monitor this Agreement will conduct regular monitoring of all contract related activities.</p> <p>ARF does not house inmates contracted by other entities or contract with other entities to house ARF inmates. Any contracts for confinement of DOC inmates is done at the agency level.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. MDOC OP 04.04.100 Custody, Security and Safety Systems</li> <li>2. MDOC PREA Manual</li> <li>3. Annual Staffing Plan</li> <li>4. Annual Staffing Review</li> <li>5. Post Assignment Rosters</li> <li>6. Post Logbooks</li> <li>7. ARF Completed PAQ</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PC</li> <li>• Warden</li> <li>• Random Staff</li> <li>• Supervisors Responsible for Conducting Unannounced Rounds</li> </ul> <p>Observation of the following:</p> <ul style="list-style-type: none"> <li>• Observation of unannounced rounds by supervisors as well as Auditors during the site review</li> </ul>

- Observation of supervisors documenting rounds in the daily logbooks on the duty post during the site review

Findings:

Per the MDOC PREA Manual, in calculating adequate staffing levels and determining the need for video monitoring for MDOC prisons, the Department shall take into consideration:

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

Policy requires that at least annually the Warden/Administrator and PREA Coordinator shall assess, determine and document whether adjustments are needed to:

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

The review shall be documented on the appropriate PREA Annual Staffing Plan Review form. The form shall be maintained by the facility with a copy forwarded to the PREA Manager. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

Based on a review by the Auditor, the ARF staffing plan addresses all required elements of the standard. The staffing plan addresses staffing in each area, staffing ratios, programming, facility layout, composition of the inmate population, video monitoring and other relevant factors. The most recent review of the staffing analysis was completed on December 20, 2022. The facility staffing is based upon a multi-faceted formula to determine the number of staff needed for essential positions. The staffing plan does require any deviations be documented and justified. In the instance of a deviation from the staffing plan, the vacated posts due to staff shortages are notated. The most common reasons notated for deviation from the staffing plan is Sick Leave, Med Runs, Overtime, LOA, Working out of Class, Military Leave.

The average daily population since the last PREA Audit is 1800. The staffing plan is predicated on a population of 1800. The Auditor reviewed the facility's current



staffing plan as well as the most recent staffing plan review. In that review, they have documented that they have considered all the elements from standard 115.13 (a) (1-15) as part of the review. During a targeted interview with the Warden, the Auditor verified that the Warden reviews the annual staffing plan and is a part of the review meeting. He closely monitors staffing and any post closures. The Warden verified that if there were an instance where the facility did not comply with their staffing plan, that instance would be notated, including the reason for the shortage and the actions taken. According to staff and the PAQ, there were instances where they were out of compliance with the staffing plan due to various reasons. The Warden stated that they do consider the use of CCTV in considering the staffing plan. They regularly do camera reviews and assess areas that need additional coverage. ARF currently has 373 cameras interior and exterior. The facility has installed cameras in the last year in several areas, including near the ADA ramps. They have made recommendations for 148 additional cameras. Some of the facility's cameras are on the South side, which is currently closed. Video footage for PREA related issues is monitored by the facility's investigative department.

The facility closed the South side of the facility approximately six months prior to the audit for operational efficiency purposes, further bolstering its resources to adequately staff the facility. The current staffing is 3 positions over. Staff report that currently they very rarely have overtime and have no issues covering posts.

The Auditors reviewed the most recent annual review, and the facility's review was in compliance with the elements of 115.13(a). In addition, during the on-site review, the Auditors reviewed the deployment of CCTV monitoring. The facility has a camera surveillance system comprised of multiple monitors located in the control room.

These screens are monitored by staff at all times. The most recent review of the staffing plan indicated the video monitoring system and placement of cameras were reviewed. There are 373 cameras covering all areas of the facility. The cameras are accessible from multiple locations in the facility.

The facility has made several modifications to enhance the safety of the inmate population and the PREA program. Mirrors have been ordered for the Level 2 porter closets, and the lights will be left on. The light switches have been removed to prevent the lights from being turned out. A window has also been ordered for the Food Service Inmate Restroom in order to enhance security's ability to monitor this area.

In accordance with the provisions of the staffing plan, ARF, in collaboration with the PREA Manager and PREA Analyst, reviewed the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. This was documented on the staffing plan review, and signed and acknowledged by the Warden, PREA Analyst and PREA Manager.

The staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. Adequate staffing was considered to ensure

	<p>safety for the facility's current and potential population of specialized inmates that require more intensive or specialized staffing, including LGBTI inmates, inmates with medical or mental health needs, disabled inmates, and limited English proficient populations. The Auditors observed cameras in all areas of the facility. The Auditors observed formal and informal interactions between staff and inmates.</p> <p>In the PAQ, the agency reports that they conduct unannounced rounds on all shifts. A review of the MDOC policies indicated that policy requires that supervisors will conduct and document unannounced rounds each shift, and that there is a prohibition against staff alerting other staff of the rounds. The facility provided the Auditors a sample of documentation of unannounced rounds for each shift. This documentation sampling verified that unannounced rounds were conducted during all shifts. During the on-site portion of the audit, the Auditors reviewed logs that verified that unannounced rounds were recorded daily and documented by the supervisors. Interviews with supervisors, as well as line staff indicate that the rounds are unannounced and random.</p> <p>The Warden stated that due to the South Side of the facility being closed at the current time, the staffing is adequate for operation of the facility in a safe and secure manner. The Warden stated that they ensure that all critical posts are covered and staff work voluntary overtime if needed to supplement the shift strength.</p> <p>After a review, the Auditors determined that the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.14 Youthful inmates</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ACC Completed PAQ</li> <li>2. MDOC Policy Directive 05.01.140 Prisoner Placement and Transfer</li> <li>3. Review of population report on the day of the audit as well as population reports from the previous 12 months</li> <li>4. Interviews with Staff</li> <li>5. MDOC PREA Manual</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Compliance Manager</li> </ul> <p>Observation of the following:</p> <ul style="list-style-type: none"> <li>• Site Review</li> </ul>

	<p>Findings:</p> <p>The auditor reviewed MDOC policy, which states that youthful offenders will not be placed in a housing unit in which the offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. MDOC policy requires direct supervision by institutional staff when a youthful offender and an adult offender have sight, sound, or physical contact with one another. The agency assigns youthful offenders to a specialized unit to meet these requirements, unless the assignment would create a risk to the safe, secure, and orderly operation of the institution. Youthful offenders may be placed in a restrictive housing unit if exigent circumstances require such. The ARF does not house youthful offenders.</p> <p>The Auditors interviewed random and specialized staff which indicated no staff had knowledge that a youthful offender had been housed at the facility during this audit cycle. The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful offenders housed at the ARF within the audit period.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140, 04.04.110, 04.06.184,</li> <li>3. Logbooks</li> <li>4. Lesson Plan for Searches and Training Rosters</li> <li>5. MDOC Prison Rape Elimination Act (PREA) Manual 6. The Code of Criminal Procedure (Excerpt) MCL 764.25-Body Cavity Search</li> <li>7. Daily Prisoner Shakedown Report Form (CSJ-468)</li> <li>8. Knock and Announce Sign</li> <li>9. Privacy Sign</li> <li>10. CBT Sexual Abuse and Sexual Harassment in Confinement</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Training staff</li> <li>• Random Staff</li> <li>• Medical Staff</li> <li>• Random Inmates</li> </ul> <p>Observation of the following:</p>

- Observation of inmate housing area
- Observation of CCTV coverage of housing areas and individual protective cells
- Observation of staff announcing the presence of opposite gender staff during site review

Findings:

The MDOC policy states that a strip search shall be performed only by employees of the same sex as the prisoner being searched. A strip search also shall be performed only in the presence of employees of the same sex as the prisoner being searched except that it may be conducted in the presence of a supervisory employee of the opposite sex when a supervisor's presence is required by policy and a supervisor of the same sex as the prisoner being searched is not available. A written report identifying the employees involved in a strip search and the reason for the search shall be submitted to the Warden by the end of the shift after which the search occurred. If the search was performed by or in the presence of an employee of the opposite sex as the prisoner being searched, the reason it was performed by that employee also shall be included in the report. Per agency policy, a body cavity search must be conducted by a licensed physician, physician's assistant, or nurse practitioner. Medical personnel who perform a body cavity search need not be of the same sex as the prisoner being searched. However, all other persons who are present during the search shall be of the same sex as the prisoner and there always shall be at least one staff member present who is the same sex as the prisoner being searched. A written report of the search shall be completed as soon as possible but not later than the end of the shift after which the search occurred. The Strip Search/ Body Cavity Search Report (CAJ-289) shall be used for this purpose. The original report shall be sent to the Warden.

Interviews with facility staff, including medical personnel indicate operational practice is consistent with this policy. The facility reports in the PAQ and verified through staff interviews that no cross-gender strip searches or visual body cavity exams have occurred. The Auditors observed the areas where strip searches occur and found them to be adequate in providing privacy from viewing by female staff or incidental viewing by anyone not performing the strip search with the exception of the strip search area in the tag shop, which is completely open to viewing. The facility will need to address this area.

The ARF holds only male offenders.

Inmates are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. The toilet and shower areas are adequately private with the exception of the toilet area in the education department. A large percentage of the staff interviewed stated that the wall was too low and enabled incidental viewing. The facility will need to address this area. A review of CCTV coverage in common areas, bathroom areas and individual protective cells revealed that the cameras were pointed away from toilet areas or

covered.

The MDOC Operating Procedure states that staff of the opposite gender shall announce their presence when entering an inmate housing. For facilities housing male offenders, female employees must announce their presence each time they enter a prisoner housing unit. Employees must knock on the most interior door and announce in a loud clear voice, "female(s) in the area" before entering. Privacy Notice signs and Knock and Announce signs are displayed prominently at entrances to the housing units.

Random inmate interviews indicated that there is not an issue with them being able to change clothes, shower or perform bodily functions without opposite gender officers seeing them. However, some offenders stated that announcements are not being made consistently when female staff enter the housing units. A recommendation was made to the facility staff to reinforce this policy requirement to ensure this is being done consistently by all female staff.

Staff interviews also indicate the offenders' privacy from being viewed by opposite gender staff is protected. Curtains and partitions afford offenders appropriate privacy while still affording staff the ability to appropriately monitor safety and security.

Cameras are placed appropriately so that shower and toilet areas are not in direct view. The Auditors observed all areas in the facility where inmates may be in a state of undress and concluded that these areas are sufficiently private to prevent viewing by female staff with the exception of the two areas indicated above.

MDOC policy prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. Staff shall not physically examine a prisoner for the sole purpose of determining the prisoner's genital status. If unknown, it may be determined during 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. According to targeted interviews with medical staff and review of logs during the on-site portion of the audit, no inmate has been examined for the purpose of determining gender status. During staff interviews, staff were clear in their understanding and were able to articulate that they could determine this information other ways, including asking the offender. As ARF is not a receiving facility, they are typically aware when they are receiving a transgender offender. Per the PAQ, there have been no Transgender or Intersex searches performed for the sole purpose of determining genital status by the facility at ARF. Five transgender inmates participated in interviews during the audit. These individuals confirmed that they have not been searched for the sole purpose of determining their genital status.

Security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner, in the least intrusive manner possible, consistent with security. The auditor reviewed the training outline and found it to be consistent with the standard and policy.

During the pre-audit portion of the audit, the Auditors reviewed the training

presentation that is provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly search transgendered and intersex inmates in accordance with this standard. According to the PAQ, 100% of all employees hired in the last 12 months received the required training. The Training staff also provided training rosters for facility staff. During the on-site document review of employee files, the Auditors verified the documents in the employee files provided during the pre-audit phase. MDOC policies require all staff to be trained on how to conduct searches, including those of transgender and intersex offenders. Staff indicated that they are trained to do cross-gender searches at the academy and were able to articulate to the Auditors how they would accomplish a search of a transgender inmate. A targeted interview with the training coordinator indicates officers are trained on how to do searches of transgender and intersex offenders during their initial training, as well as during in-service. The Auditor reviewed the training outline and found it to be in compliance with the standard. The training coordinator provided the Auditors with a printout of all completed in-service for the previous year (2022).

During the random staff interviews, employees interviewed recalled being provided training on how to perform cross-gender pat down searches, as well as how to search transgendered or intersex inmates. Interviews indicate that the officers understand how to conduct cross-gender searches and searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Most staff stated that they had been taught the “praying hands” technique for searching the breast area of transgender inmates. Interviews with 5 transgender offenders confirm these practices. Showers are made available to transgender inmates during facility counts, upon request, while other inmates are restricted to their cells.

After a review, the Auditors determined the facility did not meet the requirements of the standard.

Corrective Action: Gus Harrison Correctional Facility will need to ensure that the bathroom area in the education department and the strip search area in the Tag Shop are corrected so as to prevent opposite gender viewing of their breasts, buttocks, or genitalia.

Documentation of Corrective Action: The Auditor communicated with the Regional PREA Analyst on multiple occasions and received additional documentation to support compliance on 7/6/23, 8/10/23, 8/14/23 and 8/15/23. The facility added plexiglass partitions to the top of the half bathroom wall in the education area. In addition, dividers were added in the strip search area of the MSI Factory. The auditor received photographs of these modifications. As a result of the modifications, Gus Garrison is now fully compliant with this standard.

Recommendations: Staff could benefit from some additional training and/or clarification on transgender pat down searches. While the staff interviewed were able to articulate the aspects of the training received and understand the agency’s policies, staff interviews revealed that some staff may be hesitate or fearful to do pat-down searches of transgender inmates.

<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. Bi-lingual forms, posters and pamphlets</li> <li>4. MDOC Prison Rape Elimination Act (PREA) Manual</li> <li>5. Inmate handbook</li> <li>6. Employee training rosters for the past 12 months</li> <li>7. PREA Training Video in English and Spanish and with subtitles</li> <li>8. Agreement with commercial interpreter service - Bromberg &amp; Associates</li> <li>9. Braille Prisoner Guide for Sexual Abuse and Sexual Harassment</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Compliance Manager</li> <li>• Random Staff</li> <li>• Classification Staff</li> <li>• Intake Staff</li> <li>• Inmates who have limited English proficiency and other disabilities</li> </ul> <p>Observation of the following:</p> <ul style="list-style-type: none"> <li>• Observation of posted information in facility</li> </ul> <p>Findings:</p> <p>The ARF, in accordance with MDOC Operating Procedures takes appropriate steps to ensure that offenders with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment. MDOC Operating Procedure is written in accordance with the standard and indicates that the PREA Manager is responsible for development and distribution of educational materials related to the education of prisoners regarding the Department's zero tolerance for sexual abuse and sexual harassment of prisoners, how to report conduct or threats prohibited by this policy, and prisoners' right to be free from retaliation for reporting or participating in a related investigation. Educational materials shall include information on treatment, advocacy, and counseling services available to all prisoners.</p> <p>The DOC PREA Manual states the Department will provide PREA prisoner education in formats understandable by the entire prisoner population. If needed, the Department will seek the assistance of Interpreters. Prisoner education materials will be distributed by the Department's</p>

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

Interviews with the PREA Coordinator and Intake staff indicate that ARF ensures that any offenders with significant disabilities that required any special accommodations would be identified at intake. Staff would ensure the offender was able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment. Staff are typically aware if they are receiving an inmate with special needs and will make accommodations as necessary. The agency's Sexual Violence pamphlet is distributed to each inmate upon arrival at the facility.

Interviews with staff, including supervisory staff and intake officers confirm that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. The Auditors observed PREA informational posters throughout the facility, in visible locations in both English and Spanish. Spanish is the prevalent non-English language in the area. During interviews with staff responsible for intake and classification, they ensured that inmates with disabilities were provided access to the PREA program. Staff indicated that these situations would be handled on a case-by-case basis.

The staff are aware of the availability of interpretive services for LEP inmates. The facility has the PREA information in a variety of formats, including a braille version for blind inmates and a sign language interpreting service is available. Staff can read the PREA information provided during Intake for inmates who are blind or have low vision or who cannot otherwise read or understand the information. The PREA video is both audible and closed captioned for those who may be deaf or blind. If ARF receives an inmate with an intellectual or cognitive disability, this is handled on a case-by-case basis. A staff member conducts an individual session with the inmate to ensure the inmate receives and understands the agency's PREA information. The MDOC has a current contract with Purple Language Services to provide Sign Language services to hearing impaired inmates.

MDOC Operating Procedure indicates that offenders who are limited English proficient have access all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. The Auditors determined through staff interviews and a review of the contract that the ARF has interpreters available for limited English proficient offenders using a telephone-based interpreter service, through Bromberg & Associates. There are also bilingual staff that can assist with translation. The PREA Coordinator indicated that there are typically very few LEP inmates at ARF.

During the on-site portion of the audit, the Auditors were able to speak with four inmates identified as deaf or hard of hearing, one inmate identified as having a cognitive disability, one inmate identified as low vision, and one inmate identified as



	<p>limited English proficient. During the targeted interviews, the inmates were able to answer the Auditor’s questions and were aware of PREA. The use of the interpretive service was used for the LEP inmate. The Auditor was able to complete the interview using the translation service without any barriers or issues. The inmate indicated he had been provided PREA education.</p> <p>ARF offers the PREA Education video with closed-captioning. Staff can also communicate with hearing impaired or deaf inmates through written communication. There is also a service available to provide sign language to deaf or hearing-impaired inmates. There are TTY machines available and the phones have voice amplifiers.</p> <p>The MDOC Operating Procedure 03.03.140 and PREA Manual prohibits the use of inmate interpreters except in instances where a significant delay could compromise the offender’s safety. Interviews with staff indicate that offenders are not and would not be used as interpreters. During the random staff interviews, no staff member said it was appropriate to use an inmate interpreter when responding to allegations of inmate sexual abuse. According to the targeted interview with the PC and the PAQ, there were no instances of the use of an inmate interpreter even in exigent circumstances.</p> <p>The facility has the PREA related information and handouts in a multitude of formats. It appears that the agency makes significant efforts to reach limited English proficient inmates and those who may be Deaf, Blind and have other disabilities that could prevent them from fully participating in the agency PREA program.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 02.06.111</li> <li>3. Hiring Background Packet including application for</li> <li>4. Background Check on All Employees</li> <li>5. Review of recently promoted employee files from the past 12 months</li> <li>6. Reviews of randomly selected employee files</li> <li>7. Review of randomly selected volunteer files</li> <li>8. Background Information on Contract Employees hired within the last 12 months</li> <li>9. Employment application</li> </ol>

10. MDOC PREA Manual
11. Employee Handbook
12. Interviews with PREA Coordinator, Investigator and Human Resources

Findings:

The ARF does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard. The language in the policy is written consistently with that in the standard. Policy states that the Department shall not knowingly hire any new employee, promote any existing employee, or enlist the services of any contractor who has contact with offenders and has: 1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); 2. Been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Been civilly or administratively adjudicated to have engaged in the activity described in number 2 above.

Policy requires that once every three years criminal history checks shall be processed through LEIN for all MDOC employees. However, this does not preclude the MDOC from conducting a LEIN check at any time within the three-year period, if determined necessary. The three-year criminal history checks shall be completed during the month of June. The criminal history checks shall be documented and include a review for personal protection orders and domestic violence offenses. Any information produced from the criminal history check that has not been previously reported or investigated shall be referred by the reviewing staff for investigation. Criminal history checks shall be completed by facility Records Office Supervisors for all staff who work at a correctional facility. Contractors and contractor employees who have contact with prisoners at CFA facilities shall have an annual criminal history check processed through LEIN. Criminal background checks shall also be conducted for all facility volunteers. Any information produced from a criminal background check that has not been previously reported or investigated, shall be referred to the appropriate staff for investigation.

The Auditor reviewed the background packet and interview questions used by the MDOC and ARF and found that they are asking these questions during the interview process to determine if they are hiring anyone who has engaged in prohibited conduct. All applicants apply for any positions online and include three required PREA questions in accordance with the standard. 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. These application materials are part of its NEOGOV online application materials that are universal throughout MDOC. Per a targeted interview with Human Resource staff, the facility is not responsible for conducting background checks of correctional officers or medical staff. These background screenings are conducted by the agency central office. The facility is, however, responsible for directly hiring non-officer personnel. The facility conducts checks on those staff directly hired and those staff transferring into the facility. An interview with the

Records Office supervisor confirms this information.

Staff indicated that the background investigator at the central office thoroughly vets any prospective employee. The document review on-site and interviews with the PREA Coordinator, Warden and Human Resources Manager confirmed that they have complied with this policy and no employee with such a history has been hired during the audit period.

ARF will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. A targeted interview with Human Resources stated that instances of sexual harassment would be a factor when making decisions about hiring and promotion.

Every employee and contractor undergo a background check and is not offered employment if there is disqualifying information discovered.

Written policy requires inquiry into a promotional candidate's history of sexual abuse or harassment. Documentation reviewed supports compliance with the standard in accordance with agency policy. During the on-site portion of the audit, the Auditor reviewed files of employees that were hired in the last 12 months. The PAQ indicates there have been 30 staff hired in the past 12 months who have had background investigations.

MDOC Operating Procedure requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. Consistent with agency policy, all employees and contractors must have a criminal background record check prior to employment. Staff at the central office complete criminal background checks for all prospective applicants and contractors, prior to being offered employment. Verification of the completed background check is sent to the Human Resource staff at ARF when completed. Human Resource Staff verified this information in interviews discussing the background process.

The Human Resource Manager stated that the process is essentially the same for contract employees with respect to background checks and ensuring compliance with the standard. Per the PAQ, criminal background record checks were conducted on 20 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

Human Resources stated that if a prospective applicant previously worked at another correctional institutional, they make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation. There is a questionnaire sent to the previous facility after an offer of employment is made.

In accordance with the standard, MDOC Operating Procedure requires background checks be conducted on facility staff and contract staff a minimum of every three years. ARF does the three-year background checks in accordance with the standard. Documentation of three-year background checks was provided by the facility and reviewed by the Auditors. There is a spreadsheet maintained by the facility, listing all

	<p>employees. This list includes hire date, pre-employment check date, three-year background date and any dates when background checks were completed. Targeted interviews with facility administrators revealed that an employee engaging in any type of misconduct such as listed in the standard would not be retained.</p> <p>All current and new staff are trained on the PREA policy, as well as annual refresher training. Training records verifying that employees acknowledge that they have read and understand the policy were reviewed by the Auditors. In addition to application materials, the employee work rules, specified in the employee handbook that this auditor reviewed, requires that employees have an ongoing obligation to disclose any sexual misconduct.</p> <p>In accordance with the standard, policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. Interviews with staff verified that the ARF would terminate employees for engaging in inappropriate behavior with inmates, upon learning of such misconduct.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC OP 801.1</li> <li>3. Schematic of facility</li> <li>4. Interviews with staff</li> <li>5. Observation of camera placement and footage</li> <li>6. Interviews with Warden, Assistant Warden and IT/Camera Staff</li> </ol> <p>Findings:</p> <p>The facility has not acquired a new facility or made a substantial expansion to existing facilities since the last PREA audit.</p> <p>Per the agency PREA Manual, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the effect of the design, acquisition, expansion or modification upon the Department's ability to protect prisoners from sexual abuse shall be considered. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring</p>

	<p>technology, the Department’s ability to protect prisoners from sexual abuse shall be considered.</p> <p>According to the ARF PAQ and targeted interviews with the staff, the ARF has updated the video monitoring system, by adding additional cameras since their last PREA audit. A targeted interview with the Warden indicates that cameras were added to the several areas of the facility, including near the ADA ramps and in the coolers and freezers. The ARF currently has 373 cameras, with plans to add additional in the future to identified areas. A portion of the total cameras is on the south side of the facility, which is currently closed. Staff feel that the current coverage is sufficient in order to protect inmates from sexual abuse.</p> <p>The facility employs the use of electronic round readers at each to ensure adequate management rounds of the facility by all levels of staff that are used in part, to prevent sexual abuse and sexual harassment.</p> <p>Per interview with the Warden and PREA Coordinator, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, ARF considers how such technology may enhance ARF’s ability to protect inmates from sexual abuse. Per the Warden, they review the cameras regularly to ensure they are operational and identify any areas that need additional coverage. The Auditors reviewed camera placement during the on-site review, as well as camera monitors and views of areas in the facility, and a listing of all cameras.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140, 03.04.100</li> <li>3. MDOC PREA Manual</li> <li>4. Michigan State Police letter regarding criminal investigations</li> <li>5. Basic Investigator Training Packet</li> <li>6. CAJ-1020 Forensic Examination Form</li> <li>7. MDOC Crime Scene Management and Preservation (2015)</li> <li>8. Victim Advocate Memo</li> </ol> <p>Interviews with the following:</p>

- PREA Coordinator
- Investigator
- Warden
- Medical personnel

Findings:

MDOC and ARF are responsible for administrative investigations. The agency follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff who may be first responders in this protocol. A review of the agency's policies and procedures on evidence protocol indicated the agency has included the elements of this standard in its policies and procedures. Interviews with staff indicate that they are trained and familiar with the evidence protocol and what to do if they are the first responder to a sexual assault. According to the agency's Crime Scene Management and Preservation training manual and an interview with the agency PREA Manager, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command. Uniform evidence protocol is covered in Crime Scene Preservation and Management and Preservation Trainers Manual. The manual was reviewed by this Auditor in determining compliance. Training materials cover the necessary technical detail to aid first responders in preserving available evidence. Random staff interviews confirm that potential first responder security staff are aware of their responsibilities to protect any applicable crime scene and ensure that those involved take no action to destroy physical evidence. The agency's evidence protocol, which is outlined in the PREA Manual and Crime Scene Management and Preservation Trainers Manual, demonstrates that agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene. These procedures allow for the Michigan State Police to maximize the collection of available evidence within the crime scene.

Per MDOC policy, investigations of sexual abuse/sexual harassment shall only be completed by employees who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. ARF trained investigators conduct administrative investigations. All allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to the Michigan State Police (MSP) for investigation. Facility staff are required to preserve any crime scene until the MSP Investigator arrives to collect or process physical evidence from the scene. According to interviews with random staff, there are multiple investigators trained to conduct sexual assault investigations. In addition, the PREA Coordinator would be notified. A targeted interview with one of the facility investigators indicated that in the instance of an allegation referred to the MSP, the facility would maintain communication. The investigator and PREA Coordinator stated that any cases involving staff or that are or could be criminal in nature are referred to MSP for investigation. Policy indicates that any allegation(s) that appear to be criminal shall be referred to the MSP or other appropriate law enforcement agency to be criminally investigated and referred for prosecution. The Department investigation shall be

coordinated as necessary with the investigating law enforcement agency to ensure the Department's efforts will not be an obstacle for prosecution and to remain informed of the status of the investigation. However, the Department investigation shall proceed in accordance with PD 01.01.140 "Internal Affairs" regardless of whether the referral results in criminal prosecution.

The Auditor reviewed training records for the facility investigators and determined that those staff responsible for administrative investigations have been trained as required.

The ARF does not hold youthful offenders. However, staff are adequately prepared to address the needs of this population through training materials and the PREA Manual's guidance.

Policy directs that a prisoner, who is alleged to have been sexually abused less than 96 hours previously and where forensic evidence may be present, shall be transported to a local hospital for a forensic medical examination. A victim advocate shall be made available. Prisoner victims of sexual abuse shall be provided treatment services without financial cost to the prisoner. Facilities shall offer medical and mental health evaluations and treatment that is determined medically necessary to prisoners who have been victimized by sexual abuse. Prisoner victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted diseases as deemed medically appropriate. Treatment for services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation.

MDOC Operating Procedure stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost including prophylactic testing/treatment for suspected STIs. These exams would be performed off-site at ProMedica Charles and Virginia Hickman Hospital. Examinations will be conducted by qualified SANE/SAFE experts in accordance with the guidelines of the National Protocol for Sexual Assault Medical Forensic Examinations from the Department of Justice. The availability of these services was confirmed by the Auditors with the Medical staff, as well as the facility investigator and PREA Coordinator. They indicated that there was a SANE/SAFE nurse available and there would be no charge to the victim for this exam. SANE staff are available on an "on-call" basis to ensure coverage on all shifts when this service is necessary. Medical staff confirmed that they do not conduct forensic examinations at the facility.

The ARF reported on the PAQ and that there have been 9 forensic medical exams conducted during the past 12 months. According to the PAQ, there were 8 exams performed by SANES/SAFEs and 1 exam performed by a qualified medical practitioner.

The Auditor reviewed the investigative reports for the allegations resulting in a forensic exam being completed and found that the facility acted in accordance with MDOC policy.

MDOC Operating Procedure indicates they will make a victim advocate from a rape crisis center available to an inmate victim of sexual assault upon request. The Department shall attempt to make available a qualified victim advocate for prisoner

victims of sexual abuse from a rape crisis center or community-based organization that is not part of the criminal justice system. As requested by the victim, the advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals in accordance with the PREA Manual. The facility does not have a formal agreement in place for advocacy services from a local rape crisis facility. However, if requested by the victim, and with proper notification, the hospital can provide a victim advocate to accompany the victim through the forensic examination process. Qualified facility staff members have been identified and trained to provide advocacy services in the absence of a formal rape crisis service agreement. Specifically, the facility has designated and trained all medical and mental health providers to serve as victim advocates. While all medical and mental health staff have been trained in this function, the facility has designated its chief psychologist as the primary individual who would serve in the capacity of a victim advocate. Interviews with medical and mental health staff verified that they are available to serve as a victim advocate, if requested, in the absence of an outside advocate being available. The auditor reviewed the training materials that the agency adopted from the Office for Victims of Crime Training and Technical Assistance Center (a component of the US Department of Justice) to train its staff to act in the capacity of a qualified staff member and found the curriculum to be sufficient. The Institutional Training Coordinator (ITC) verified that all medical and mental health personnel receive a link to complete this training.

The PREA Manual and Memo with Michigan State Police, confirm that both the agency, the criminal investigative unit and the facility will permit a victim advocate to accompany a victim through the forensic medical examination and investigatory interviews.

The facility also provides access to "An End to Silence: Inmates' Handbook on Identifying and Addressing Sexual Abuse" in the facility library. In addition, hotline services are available through Just Detention International. The Auditor conducted a telephone interview with an advocate at Just Detention International and verified the availability of these services. The calls are confidential and free. They provide confidential crisis intervention and emotional support services related to all sexual abuse or assault to the victims.

The MDOC has standardized this process across the state. All suspected criminal PREA allegations are referred to MSP, receiving guidance from them to ensure all allegations are handled appropriately. In addition, the MDOC has procedures in place to ensure that advocacy services are available to all inmate victims of sexual assault.

After a review, the Auditors determined the facility meets the requirements of the standard.

Corrective Action: None



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Relied upon to make Compliance Determination:

1. ARF Completed PAQ
2. MDOC Operating Procedure 03.03.140, 01.01.140,
3. MSP (Michigan State Police) PREA Procedure Manual
4. Michigan State Policy letter regarding criminal investigations
5. Review all investigative files for allegations of sexual abuse or harassment for the past 12 months
6. Website

Interviews with the following:

- PREA Coordinator
- Investigative Staff
- Random Inmates

Findings:

The MDOC Operating Procedure is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Wardens shall ensure that information on all allegations of prisoner-on-prisoner sexual abuse/sexual harassment, employee sexual abuse/sexual harassment, and employee overfamiliarity are entered into the MDOC computerized database at their respective facilities and investigated. Policy also dictates that allegations are referred for a criminal investigation, if warranted. For every sexual abuse or sexual harassment investigation a Prison Rape Elimination Act (PREA): Sexual Abuse Investigation Worksheet or Prison Rape Elimination Act (PREA): Sexual Harassment Investigation Worksheet must be completed in its entirety. All prisoner-on-prisoner sexual abuse, staff-on-prisoner sexual misconduct and staff-on-prisoner sexual harassment allegations as described in the definitions, whether reported verbally, in writing, anonymously or from third parties shall be entered into the Department's computerized investigation database and investigated. A Warden's or Administrator's designee will refer the allegation as soon as possible, but no later than 1 business day after the report was made to the Internal Affairs Division in accordance with P.D. 01.01.140 Internal Affairs. All prisoner-on-prisoner sexual harassment allegations as described in the definitions of this manual, whether reported verbally, in writing, anonymously or from third parties shall be investigated.

The facility PREA Coordinator, supervisors and Investigators work very closely together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an offender alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will take the initial report. The supervisor will complete the PREA First Responder Checklist and complete the initial inquiry and make the Request for Investigation (CAR-986). The

packet will be forwarded to the PREA Coordinator for review, who will review the information and forward to the Warden. The Warden will assign an investigator, and notification will be communicated to them through his secretary. The Warden's secretary keeps a spreadsheet for tracking of the investigations. The assigned investigator completes the investigation and returns the entire packet to the PREA Coordinator, who will review the investigation, make any corrections and either concur with the investigator or indicate his reasoning for a different determination. The packet will then go to the Warden for final disposition.

The Investigator coordinates as needed with the PREA Coordinator to determine the course of action. The PREA Analyst would also be notified. Internal Affairs has jurisdiction to investigate all allegations of employee and offender misconduct. The Internal Affairs Manager shall review each allegation entered in AIM and determine the type of investigation to be completed, whether at the facility, monitored by IA, or conducted fully by IA. The Michigan State Police conduct all criminal investigations for The ARF and the MDOC and will be notified if there is suspected potential criminal charges. If a case appears to be prosecutable, the MSP will make a referral for prosecutorial efforts.

The MDOC Operating Procedure is posted on the website under the PREA section. The Auditor reviewed the MDOC website and the agency policy is posted and publicly available. The policies outline the specific responsibilities of the agency and the MSP when conducting criminal investigations. When receiving an allegation of sexual abuse or sexual harassment, 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).

Targeted interviews with the PREA Manager, Investigator, PREA Coordinator and Warden verified that all allegations of sexual abuse or harassment are investigated promptly and thoroughly. They described the process for investigations, which is a collaborative approach. According to the interviews, once an allegation is received, it is referred for investigation based upon the type of allegation. In the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and takes steps to preserve any evidence. All reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PREA Coordinator. If there is no evidence that a crime was committed, then the investigation is completed as an administrative investigation by the facility investigator.

Interviews with staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation if it involves criminal behavior and notify the PREA Coordinator of all allegations. The MDOC Regional PREA Analyst and PREA Manager maintain oversight of facility investigations.

The ARF reports there have been 101 allegations of sexual abuse or harassment in

	<p>the past 12 months. A review of the investigative files indicate that the allegations were promptly and thoroughly investigated. There have been 22 allegations in calendar year 2022 that warranted referral for criminal investigation and possible prosecution. In accordance with the standard, ARF is referring criminal allegations of sexual abuse and sexual harassment to the MSP, who maintains the legal authority to conduct criminal investigations in the facility. The Auditor spoke with the PREA Manager regarding the number of allegations and concluded that the number is a result of MDOC's definitions and determinations as to what is investigated as a PREA complaint. The facility and MDOC have a very inclusive and broad definition of what constitutes a PREA allegation and is investigated as such.</p> <p>MDOC Operating Procedure requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution. Documentation of such is contained in the investigative reports. Memo from the MSP indicates that they are a state entity responsible for investigating criminal allegations of sexual abuse in MDOC prisons and as such, are required to comply with the PREA standards.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. Annual In-Service Training Documentation</li> <li>4. New Hire PREA Training</li> <li>5. PREA Lesson Plan</li> <li>6. Review of Training Files</li> <li>7. MDOC Training Plan</li> <li>8. Interviews with Random Staff, PREA Coordinator, PCM, and Training Coordinator</li> </ol> <p>Findings:</p> <p>The MDOC Operating Procedure is written in accordance with the standard and includes all required topics and elements of the standard. Policy requires that all department employees, student assistants, unpaid student interns, and contractors if they work inside a correctional facility or field office, which includes employees of other State Departments, successfully complete in-service training in accordance with policy and in the Training Plan. A review of the training materials by the auditor</p>

indicated that all topics required by the standard is included in the modules.

The ARF 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 standard. Additional training materials are provided to employees that house female inmates. The agency offers a specific module of training on collaborative case management for women that is not just specific to PREA, but an overall gender inclusive training. This training supplements those working with female offenders on a regular basis. The facility indicates that no staff have been reassigned from its exclusive female facility (Women's Huron Valley Correctional Facility) to Gus Harrison Correctional Facility, necessitating any additional, gender-specific training.

In accordance with the PREA Manual, employees are required to complete PREA training at a minimum of every two years. However, the training is completed annually to aid in fulfillment of annual training requirements and to ensure each employee remains up to date on the MDOC policies and procedures regarding sexual abuse and harassment. Each employee completes this training annually during the required In-Service Training. During random staff interviews, all staff confirm that they receive PREA training as part of their annual PA415 training. The auditor reviewed a copy of the computer based training comprehension test relative to the training materials, which is completed at the end of the MDOC's computer based training modules. This test comes with electronic verification by employee ID number, which serves as verification they have received and understand the information.

The Auditors reviewed the training curriculum and verified it included all information and each element required by the standard. The Auditors reviewed the training rosters to verify and ensure all employees are receiving the training. The Auditors verified the training of staff, which includes contractors, by reviewing the training logs for all employees who had received training for the previous year. Each employee electronically signs through the required test, indicating their receipt of and understanding of the PREA training. The Auditor reviewed the roster for the PREA module of the annual in-service training which indicates that 360 employees completed the training in 2022.

New staff are given PREA training during the basic academy training. The training curriculum is provided as part of an employee's initial 320 Hour Corrections Training Program (8 weeks), which is completed prior to an employee assuming duty. During interviews with the PREA Coordinator and Training staff, they confirmed that no employee has contact with inmates prior to receiving PREA training. Once hired, Corrections Officers attend the academy basic training before reporting to the facility.

The facility reported that there are 244 staff currently employed at the facility who may have contact with inmates and 30 staff hired by the facility during the past 12 months who may have contact with inmates. The facility reports there are 117 individual contractors who have contact with inmates, currently authorized to enter the facility. The Auditors reviewed ARF training records for the last 12 months to verify all staff had been provided annual in-service training.

	<p>The Auditors conducted formal and informal interviews with random and specialized staff. All staff interviewed indicated that they had received training and were able to articulate information from the training. During the staff interviews, all the random employees recalled having annual PREA training. Staff appear to understand their responsibilities regarding the standards. The staff are appropriately trained, and all documentation is maintained accordingly.</p> <p>Based upon an interview with the training coordinator, all active employees at ARF have completed the required training. The Auditors were provided with and reviewed copies of the agency's PREA curriculum, training logs, and training acknowledgement forms. The training curriculum meets all requirements of the standard. Random staff interviews indicate staff have received and understand the training received.</p> <p>PREA training is conducted on an annual basis during in-service, versus every two years as required by the standard.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140, 03.02.105</li> <li>3. MDOC PREA Plan</li> <li>4. Annual Training</li> <li>5. Contractor/Volunteer Outline</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Contract Staff</li> <li>• Training Coordinator</li> </ul> <p>Findings:</p> <p>The MDOC Operating Procedure is written in accordance with the standard and requires that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. 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</p>

hired employees. The Auditor reviewed the agency's training curriculum for contractors and volunteers and found that it sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. ARF ensures that all staff receive training regarding PREA. This training is required to be completed in person prior to contact with any inmates. The facility provides PREA training annually to each contract employee to ensure they remain up to date on the MDOC policies and procedures regarding sexual abuse and harassment.

In accordance with the MDOC PREA Plan, 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 prisoners. All volunteers and contractors who have contact with prisoners shall be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Contractor/volunteer job functions with require inmate contact receive the full training on responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of offenders. This training is the same that is provided for all new hires in MDOC facilities. The contractor/volunteer shall sign certifying their understanding of the training material.

In accordance with MDOC policies and PREA Plan, contract and volunteer staff complete the same training as the ARF staff and signs an acknowledgment indicating their receipt of and understanding of the PREA training. Per an interview with the Training Officer, all staff, including contractors receive annual training on PREA.

The MDOC Correctional Facilities Administration (CFA) Module provides standardized training and orientation training required for all new employees, contractors, vendors, skilled trades, construction workers, student interns and volunteers providing services at Correctional Facility Administration work sites. There are a variety of topics included in this training program, including PREA. Vendors who are under direct, continuous supervision and/or escort are required to only review the Prisoner Rape Elimination Act (PREA) portion of this module and sign the last page as an understanding of the PREA section.

The Auditors reviewed the training curriculum and verified it included all information required by the standard. The Auditors reviewed the training rosters, as well as random training files to verify and ensure all contracted employees are receiving the training. New contractors and volunteers are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During the document review, the Auditors were able to verify that the contractors who had been trained were required to sign an acknowledgement that they had received and understood the PREA training.

The Auditors conducted formal and informal interviews with contracted staff. During targeted interviews with contract staff members, each of the interviewees told the Auditors that they recalled having the PREA training and knew of The ARF's zero-tolerance policy against sexual abuse and harassment. In addition, they could articulate what to do if an inmate reported to them. When asked what would be the consequence if they violated the PREA policy, they stated they would be terminated

	<p>and removed from the facility. The contract staff were knowledgeable regarding the PREA information they had received. Staff appear to understand their responsibilities regarding the standards. The ARF is providing training in accordance with the standard. The documentation is maintained accordingly.</p> <p>An interview with the Training Officer confirmed that contractors and volunteers complete PREA training prior to coming to the facility. This training is completed on-line, contracted out to a specific site, which is maintained at the agency level.</p> <p>The facility reports on the PAQ that there are 117 volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>A review of policy, training materials and logs indicate volunteers and contractors all receive PREA training. The contract staff receive the same training as the facility staff.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140, 04.01.105, 04.01.140</li> <li>3. Review of inmate training materials</li> <li>4. Review of inmate training documentation</li> <li>5. MDOC PREA Plan</li> <li>6. Sampling of inmate files comparing intake date, the date of initial screenings, and the date of comprehensive screening</li> <li>7. CAJ-1036 Prisoner PREA Education Form/ and 72-hour form</li> <li>8. Memo re: Inmate Education dated (January 15, 2020)</li> <li>9. Memo re: Language Services dated (July 20, 2015)</li> <li>10. Just Detention International (JDI) Post (English and Spanish)</li> <li>11. Sexual Abuse Poster (English and Spanish)</li> <li>12. Prisoner Guidebook (June 2014)</li> <li>13. Privacy Signs (Bi-Lingual)</li> <li>14. An End to Silence Inmates Handbook (September 2014)</li> </ol>

Interviews with the following:

- PREA Coordinator
- Random Inmates
- Intake Staff

Observations of the Following:

- PREA informational Posters throughout the facility in inmate housing and common areas
- Inmate Intake Process

Findings:

The MDOC Operating Procedure is written in accordance with the standard. In accordance with policy, all prisoners shall receive comprehensive PREA education during intake and upon transfer to another facility within 30 days. Upon 72 hours of arrival at a facility, a prisoner shall receive educational material on zero tolerance, how to report, the name of the facility PREA Coordinator, the outside reporting agency, the victim advocate, and outside emotional support entity.

In accordance with policy 04.01.140, prisoners shall receive orientation upon arrival at a Correctional Facilities Administration (CFA) facility. Each Warden or designee shall develop and maintain an orientation program for newly arrived prisoners. If a facility includes a segregation unit, or has more than one security level, the orientation provided may be unique to the segregation unit or security level. Orientation provided to prisoners in segregation shall not be in a group setting. Orientation shall be provided to prisoners within seven calendar days after arrival at the facility unless the prisoner is unavailable (e.g., out on writ; hospitalized). In such cases, orientation shall be provided as soon as possible after they become available. Prisoners in segregation who only received orientation unique to the segregation unit shall receive additional orientation within seven calendar days after placement in general population, or if unavailable, as soon as possible after they become available. The prisoner guidebook that is provided to prisoners pursuant to PD 04.01.130 "Prisoner Guidebook" shall be reviewed with general population prisoners during orientation. Segregation unit rules shall be reviewed with segregation prisoners. In addition, educational information regarding the Prison Rape Elimination Act (PREA) and the PREA manual shall be provided in accordance with PD 03.03.140 "Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA)."

The ARF reported that during the last year 1039 offenders were committed to the facility and given PREA information at the time of intake, in accordance with the standard. Targeted interviews with multiple staff indicated that this information is communicated to the offenders verbally and in writing upon arrival at the facility.

Offenders will receive a PREA brochure upon intake that advises the inmate of their right to be free from sexual abuse and sexual harassment, and various ways to report. Staff verify that inmates understand the information and would identify any inmates that may need an accommodation to fully participate in the PREA program at ARF. Inmates will sign an acknowledgement of receipt that is maintained in their file. The brochure contains information about the zero-tolerance policy and reporting



information. Of the 1039 inmates received in the last 12 months, 1001 were at the facility for 30 days or more and given the comprehensive PREA education.

The Auditors observed PREA signage around the facility, and notification of the agency's zero tolerance policy. Staff told the Auditors that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, and they explain to the newly committed inmates that they could report any instances of abuse or harassment to staff and use the inmate telephone system to report abuse to the listed hotline. The PREA brochure information is explained to the inmates upon arrival at the facility. There are PREA posters in Intake, in both English and Spanish.

Interviews with intake staff verified that inmates, including any transferred from another facility, are given the same PREA orientation. Further questioning revealed that inmates who were LEP would be provided the orientation using a language telephone interpreter service or a Spanish speaking staff would be utilized, if available. Spanish is the prevalent Non-English language in the area. For offenders that are visually impaired, a staff member would read the information to the offender. The video also has printed subtitles for the hearing impaired. Staff would assist any other disabled or impaired inmates that needed assistance, such as intellectually limited inmates. Information in multiple formats was available throughout the facility. Targeted interviews with staff indicated that the facility will make needed accommodations for identified inmates with disabilities. The Auditors observed PREA informational posters in all offender housing areas, intake, and public areas. The Auditors interviewed inmates identified as having a disability. The inmates stated all stated that they understood the information that has been provided to them.

Inmate interviews revealed that most inmates remembered receiving information about the agency's zero tolerance policy and how to make a report of sexual abuse. Inmates interviewed stated they are aware of PREA and how to report.

The comprehensive education is accomplished through the use of the PREA education video. The video is shown during the inmate's comprehensive facility orientation. Staff is available to answer any questions the offenders may have. This is documented on the inmate orientation form, which is kept in the inmate record to verify receipt of the training. Offender interviews indicated that they were receiving the training. Interviews with Classification staff, responsible for completing the orientation, revealed that orientation is required to be completed within 7 days, but is usually done within 3 days. The Classification staff stated that they review the information in the PREA pamphlet and the inmates have an opportunity to ask questions.

The Auditor reviewed a sampling of 20 random inmate files. Of the 20 files reviewed, documentation showed that all of them had received the comprehensive education within the 30-day timeframe, most of them occurring within a week.

The file contained documentation of the initial PREA information being given and receipt of the brochure at the time of admission, as well as the comprehensive education. This verified what the interviews revealed, what was required by policy and what was reported by the facility. Interviews with staff and offenders verified that

	<p>offenders are receiving the initial and comprehensive training as required.</p> <p>All current offenders have received PREA training. They have an awareness of PREA information and how to report.</p> <p>As required by the standard, policy provides for education in formats accessible to all inmates. There are Spanish versions of all materials. For offenders that are visually impaired, a staff member would read the information to the offender. The information is also available in Braille. The education videos are close captioned for the deaf and hearing impaired. All other special needs would be handled in coordination with the PREA Coordinator or Counselor on a case-by-case basis.</p> <p>Information in multiple formats was available in the facility. The Auditors observed PREA informational posters in offender housing areas, intake, and medical. The inmate handbook is available and provided to all offenders.</p> <p>Inmates receive a tri-fold PREA Brochure and reporting information upon arrival to ARF. The PREA brochure and education is available in large print, braille, and Spanish with the capability of translating to other languages as needed. The MDOC publishes posters of the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment. The facility library holds a copy of the PREA Resource Center's "An End to Silence" handbook, the PREA Standards, the agency PREA Manual, training materials and Prisoner Guidebooks that are available for the inmate population to check out.</p> <p>After a review, the Auditors determined that the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p> <p>Recommendations: While the facility meets the minimum requirements of the standard, the Auditors made the following recommendations to enhance the PREA program at ARF:</p> <ol style="list-style-type: none"> <li>1. Stenciled or posted signs with PREA information at compound phones, including emotional support hotline number</li> <li>2. Relocate PREA related contact information that is currently in the shower</li> <li>3. Segregation handbook needs to include PREA information and contact information, including the emotional support hotline (This was corrected prior to the Audit team leaving the facility.)</li> </ol>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Relied upon to make Compliance Determination:

1. ARF Completed PAQ
2. MDOC Operating Procedure 03.03.140
3. MDOC PREA Plan
4. Review of Training Documentation
5. Basic Investigator Training Manual (June 2019)
6. Review of investigative files
7. Interviews with PREA Coordinator, Training Officer & Investigative Staff

Findings:

Agency policy is written in accordance with the standard. Investigations of sexual abuse/sexual harassment shall only be completed by employees who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. In accordance with the PREA Manual, in addition to the general PREA training provided to all employees, Department investigators are required to receive specialized training from the Training Division to be able to conduct sexual abuse investigations in confinement settings.

The MDOC's Basic Investigator Training Manual provides additional, specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/ prosecution.

MDOC conducts administrative investigations and requires all investigators receive specialized training. ARF noted in the PAQ they have 20 staff members who have received the specialized training to conduct sexual abuse investigations in a confinement setting. The Auditor was provided verification of the training received by the staff.

The institution Investigators have also completed the National Institution of Corrections Training "Conducting Sexual Abuse Investigations in a Confinement Setting," which certifies them to conduct investigations for alleged sexual abuse and harassment. The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings. The Auditor verified the training for the investigators. The agency maintains computerized documentation of investigator training in the employee's training file.

The Auditor interviewed two of the institutional investigators. They were able to articulate aspects of the training received and appeared knowledgeable in the training, as well as conducting sexual assault investigations. The facility investigators

	<p>stated that if, during the investigation, it appeared that the conduct was criminal in nature and there could be criminal charges involved, the allegation would be referred for investigation to the Michigan State Police. The Auditor also spoke with the Training Officer, who verified that all facility investigators are required to take the Basic Investigator course, as well as the training through the NIC.</p> <p>The Auditor reviewed the training records for the facility investigators and verified that they had received the specialized training.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 02.05.101</li> <li>3. MDOC PREA Plan</li> <li>3. Review of Training Materials</li> <li>4. Review of Training Documentation</li> <li>5. Interviews with Training Coordinator and Medical/Mental Health Staff</li> </ol> <p>Findings:</p> <p>MDOC Operating Procedure requires that all staff members receive PREA training in accordance with standard 115.31.</p> <p>Further, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training. Student assistants, unpaid student interns, all Department employees, and if they work inside a correctional facility or field office, contractual employees, which includes employees of other State Departments, are required to successfully complete in-service training in accordance with the requirements set forth in policy and the In-Service Training Plan.</p> <p>The MDOC PREA Plan states in addition to the general PREA training provided to all employees, contracted and volunteer health care and mental health care staff will be provided with specialized training developed by the Training Division relating to sexual abuse in confinement settings. Specialized training shall include the following: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and</p>

whom to report allegations or suspicions of sexual abuse and sexual harassment including mandatory reporting of incidents alleged to have occurred when a prisoner was in custody of the Department.

The 2022 Training Plan lists PREA for Health Care and Mental Health, which is a computer-based module. These materials expand upon the Basic PREA Training Module that all staff receive and covers the requirements of the standard. Training materials cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility, how to respond to victims of sexual abuse and sexual harassment and facility reporting responsibilities for allegations of sexual abuse and sexual harassment. Per an interview with the Health Unit Manager and Mental Health Staff, the MDOC also provides training to all of its medical and mental health staff to serve as a qualified agency staff member, with respect to providing victim advocacy services in the event an individual needs such support.

All the medical and mental health staff received the specialized training as evidenced by documentation provided by the training staff and reviewed by the Auditors.

Medical staff complete the course "Medical Health Care for Sexual Assault Victims in a Confinement Setting" through the NIC. Mental health staff complete the course Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" through NIC.

During the on-site portion of the audit, the Auditors reviewed the training logs provided by the staff and verified that all the current employees had received the required training. During targeted interviews with the HUM and other medical and mental health staff, they stated they received PREA training upon orientation. In addition to the annual PREA training required by the MDOC, all medical and mental health staff complete additional training related to healthcare and PREA.

Per the PAQ, there are 62 medical and mental health care practitioners who work regularly at this facility who received the training required by MDOC Operating Procedure and PREA Plan.

A targeted interview with the training coordinator verified that every employee is required to participate in PREA training in accordance with 115.31 and that training is documented. In addition, medical and mental health staff receive specialized training that covers all aspects of the standard. The Auditors verified this training had been completed.

The staff of the ARF do not perform forensic medical examinations for victims of sexual assault. Forensic medical exams are conducted at the Charles and Virginia Hickman Hospital, which is five miles from the facility.

After a review, the Auditors determined the facility meets the requirements of the standard.

Corrective Action: None

**115.41 Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Relied upon to make Compliance Determination:

1. ARF Completed PAQ
2. MDOC Operating Procedure 03.03.140, 05.01.140
3. PREA Manual
4. PREA Risk Assessments Manual and Worksheet (CAJ-1023)
5. Review of Risk Assessments
6. 30 Day Reassessment
7. Sampling of Random Inmate Files

Interviews with the following:

- PREA Coordinator
- PREA Analyst
- Random Inmates
- Prison Counselor

Observations of the Following:

- Inmate Intake Process

Findings:

According to MDOC Operating Procedure, if not assessed prior to arrival, a transferred prisoner shall be screened within 72 hours of arrival at the receiving facility to identify any history of sexually aggressive behavior and to assess the prisoner's risk of sexual victimization. Staff shall complete the PREA Risk Assessments Worksheet (CAJ-1023) in accordance with the PREA Risk Assessment Manual. During the site review, the Auditors were unable to follow an inmate through the admission and classification process. However, the Auditors spoke with multiple staff who explained the initial intake process. Upon arrival at the facility, inmates are informed of their right to be free from sexual abuse and harassment as well as the agency's zero-tolerance for sexual abuse and harassment and how to report instances of sexual abuse or harassment. Interviews with various staff verified that within 72 hours of admission, all inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior. This is typically done by the prison counselor. During interviews with random inmates, most all remember being asked some PREA related questions during their admission.

Policy indicates that all prisoners shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. The Department's computerized database risk assessment tools shall be used to determine a prisoner's risk. The assessment shall be completed using information contained in the prisoner's file and in computerized databases available to employees and gathered during face-

to-face discussions with the prisoner. Prisoners shall be asked: 1. Questions relating to mental, physical, or developmental disabilities. 2. Whether they are, or are perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. 3. Whether they have been previously victimized. 4. What is their perception of being vulnerable. Prisoners shall not be disciplined for refusing to answer or not disclosing complete information in response to these questions. However, refusal to answer/disclose information shall be noted in the Department's computerized database.

The MDOC does not hold offenders solely for civil immigration purposes. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to ARF, in assessing inmates for risk of being sexually abusive. According to the PAQ and MDOC Operating Procedure, the PREA screening instrument shall include the required elements. Upon review of the screening instrument, the Auditors determined that the screening instrument included all the required elements in accordance with the standard.

The PREA Risk Assessment Manual and Worksheet indicates the following:

When/Where the Risk Assessments are completed

Reception Center:

Within 72 hours of arrival (not required if assessments completed prior to arrival):

- PREA-Aggressor Risk Assessment-Prison
- PREA-Victim Risk Assessment-Prison

Within 30 days of arrival (only required if assessments completed prior to arrival):

- PREA-Risk Assessment Review-Prison

When warranted due to referral, request, incident of sexual abuse, or receipt of information that bears on the prisoner's risk of sexual victimization or abusiveness:

- PREA-Aggressor Risk Assessment-Prison
- PREA-Victim Risk Assessment-Prison

Facility:

Within 72 hours of arrival (not required if assessments completed prior to arrival):

- PREA-Aggressor Risk Assessment-Prison
- PREA-Victim Risk Assessment-Prison

Within 30 days of arrival (unless the prisoner transfers from the facility prior to 30 days):

- PREA-Risk Assessment Review-Prison

When warranted due to referral, request, incident of sexual abuse, or receipt of information that bears on the prisoner's risk of sexual victimization or abusiveness:

- PREA-Aggressor Risk Assessment-Prison
- PREA-Victim Risk Assessment-Prison

PD 05.01.140 requires all residents to be screened for risk of sexual victimization or risk of sexual abusing other residents within 72 hours of their intake. Interviews with inmates confirmed that they were screened within 72 hours of their intake. Random review of residents' files support initial screening within 72 hours, psychological screening, and reassessment within 30 days from date of arrival.

According to the PAQ, 1039 inmates entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The PREA Coordinator stated that a reassessment is completed any time there is an incident and/or based on a referral from a staff member. Interviews with additional staff, including the prison counselors also indicated that an inmate's risk level is reassessed based upon a request, referral or incident of sexual assault.

Inmates are asked their sexual orientation, in addition to the reviewing staff's perception. Within 30 days from the inmate's arrival at ARF, staff reassesses all inmate's risk of victimization or abusiveness based upon any additional, relevant information received by ARF since the intake screening. Staff meet with the inmate and document the reassessment. Inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked. However, any refusal is documented in accordance with policy. According to the PAQ, 1001 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

ARF has implemented appropriate controls on the dissemination within ARF of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

The Auditors interviewed staff who complete the screenings. The staff indicated that the risk screening is completed within 72 hours and any previous PREA risk assessments are reviewed. The screenings are completed in the electronic records system. The Auditors were provided a copy of and reviewed the screening form.

Targeted interviews with staff, as well as the PREA Coordinator and Prison Counselors verified that risk assessments are performed within 72 hours of intake. The questions are asked and the answers are recorded by the staff. There are areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented.

The Auditors reviewed 20 random inmate files and looked at their intake records and risk screenings in order to compare the admission date and the date of admission screening. All of the randomly selected files had received risk screenings within 72 hours of intake.

The Counselors and PREA Coordinator confirmed that 30-day reassessments are being completed on inmates, including a face-to-face meeting with the inmates. The



	<p>Auditors also reviewed the 20 random inmate files to determine if 30-day re-assessments had been completed. Most of the randomly selected files had received a reassessment within the required timeframe.</p> <p>MDOC Operating Procedure stipulates that no inmate shall be disciplined for refusing to answer or disclose information in response the risk assessment questions. According to targeted interviews with the staff, there have been no instances of inmates being disciplined for refusing to answer screening questions.</p> <p>The Auditors randomly reviewed inmate files and determined that the initial risk assessments are being completed within 72 hours as required and the 30-day reassessments are being completed on a consistent basis.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective action: None</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140, 05.01.140, 04.06.184</li> <li>3. MDOC PREA Plan</li> <li>3. Review of Screenings</li> <li>4. Director's Memo 2022-28-Gender Identity Housing Request</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Prison Counselors</li> <li>• Classification staff</li> <li>• Inmates identified as HRSV, Transgender, Gay or Bisexual</li> </ul> <p>Observation of the following:</p> <ul style="list-style-type: none"> <li>• Site review of inmate housing units</li> </ul> <p>Findings:</p> <p>The MDOC Operating Procedure requires that results of the risk assessment shall be considered when making housing, bed, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive. Screening information from the PREA risk assessment is used in making housing, bed work, education, and</p>

programming assignments. The counselor completes a risk assessment screening upon the inmate's arrival to the facility. The counselor ensures information is entered in the electronic system so inmates identified at risk of victimization are not placed in a work, program, or education assignment with those identified as potential abusers. Counselors and Classification staff consider an inmate's own perceptions of their safety when making programming decisions. The screening tool includes sections for the staff to document his/her own perceptions of the inmate. Staff use this information to make recommendations on housing, bed, work, program assignments and referrals with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Inmate records indicate facility staff make individualized considerations to ensure each inmate is housed safely in the facility. Targeted interviews with both Counselors and Classification staff verify these practices.

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 risk. The agency also issued an agency-wide memorandum to prohibit the pairing of identified Aggressors and Potential Aggressors with Victims or Potential Victims in isolated work assignments or those work areas with any blind spots that could enable sexual abuse.

When an inmate is determined to be high risk for victimization or high risk for abusiveness, it is the responsibility of the staff member conducting the screening to enter the results and make appropriate referrals. An inmate that is determined to be at high risk for victimization will not be placed in the same cell or general area as an inmate that has been determined to be high risk for abusiveness.

It is the responsibility of the staff to check each inmate being placed in a job that has been determined as an area where there should not be victims and abusers working together. All program and education areas are staffed when in operation. All areas/rooms in the kitchen are monitored by camera. Work supervisors would be notified of any potential conflicts. A targeted interview with one of the Classification Directors indicated that there are designated job classifications that the PREA score is considered prior to making an assignment. At ARF, this includes the Greenhouse and the Gardens.

MDOC Operating Procedure requires that the agency will consider housing for transgender or intersex inmates on a case-by-case basis in order to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their own safety shall be given serious consideration and that all transgender or intersex inmates are given the opportunity to shower separately from other inmates. During the site tour, the Auditors reviewed all inmate housing units.

During the targeted interviews, five transgender inmates were interviewed. The offenders indicated that they were able to shower separately by request during count.

Interviews with the Warden and PREA Coordinator corroborate these practices. Some staff reported there was confusion about during which count transgender inmates can shower and that it was an unwritten rule. A suggestion was made to the Warden to formalize this process through memo or email to the staff.

The policy stipulates that LGBTI inmates will not be placed in a dedicated facility, unit, or wing solely based on such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Staff are aware of their responsibilities should they receive a transgender inmate regarding this standard. Interviews with facility staff indicate that placement of any transgender or intersex offenders is made on a case-by-case basis. Agency policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year to review any threats to safety and a transgender inmate's views with respect to his or her safety will be given serious consideration.

The Prison Counselor meets with each transgender inmate bi-annually to ensure there are no issues and assess the inmate's perception of their safety. This is documented on an excel spreadsheet. An inmate that identifies as transgender is monitored at the facility level by the assigned Prison Counselor, RUM, PREA Coordinator and mental health staff. The Auditors reviewed completed bi-annual housing/program reviews and found that these reviews are in person and solicit input from the inmate. The Auditors also reviewed mental health clinical encounters with GID inmates and found that they are regularly seeing these inmates and addressing concerns. In addition, these offenders are monitored at the state level and discussed and reassessed at meetings which include facility and state level staff.

LGBTI offenders are not placed in dedicated housing areas. Interviews with staff confirm this practice does not occur. The Auditors conducted informal discussions with inmates during the site review and no inmate mentioned being housed according to their sexual preference or identity. The Auditors conducted targeted interviews with staff. The Auditors were informed that inmates' housing was based upon objective finding and LGBTI inmates were not placed in dedicated units. A review of the roster indicated that identified LGBTI inmates are located in different units, buildings, wings, and bed areas throughout the facility. ARF was not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender or intersex inmates.

After a review, the Auditors determined the facility meets the requirements of the standard.

Corrective Action: None

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. ARF Completed PAQ
2. MDOC Operating Procedure 04.05.120
3. MDOC PREA Manual

Interviews with the following:

- PREA Coordinator
- Supervisors and Staff Responsible for Supervising Inmates in Restrictive Housing

Findings:

MDOC Policy states that prisoners at high risk for sexual victimization or who are alleged to have suffered sexual abuse shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is completed and a determination has been made that no less restrictive means of separation from likely abusers exists. If the review cannot be conducted immediately, the prisoner may be held in temporary segregation for up to 24 hours while the review is completed.

The MDOC PREA Manual states that prisoners at high risk for sexual victimization or who are alleged to have suffered sexual abuse shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete and a determination has been made that no less restrictive means of separation from likely abusers exist. If the review cannot be conducted immediately, the prisoner may be held in temporary segregation for up to 24 hours while the review is completed. If no less restrictive means of separation from the abuser or likely abusers exist, the prisoner shall be assigned to temporary segregation in accordance with PD 04.05.120 "Segregation Standards" for a time period not to ordinarily exceed 30 calendar days.

In accordance with agency policy, ARF does not place inmates who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. Agency policies are written in accordance with the standard and cover all mandated stipulations. According to the PAQ, there have not been any instances where inmates at risk for sexual victimization were placed in restrictive housing for the purpose of separating them from potential abusers. According to targeted interviews with staff who supervise inmates in restrictive housing, they are not aware of a case where an inmate was placed in restrictive housing as a result of being a high risk for sexual victimization.

Staff are aware of the MDOC Policy and their responsibilities regarding this standard. Staff will conduct an immediate assessment and review available housing alternatives prior to placing inmates in Special Management Housing. Staff must assess and document all available alternatives and make a determination that no available alternative means of separation from likely abusers exists prior to placing an inmate at high risk of sexual victimization or an inmate who has alleged sexual abuse or sexual harassment in involuntary segregated housing.

Staff indicate that an inmate identified as high risk would be moved to another housing location and not placed in segregation unless it was a temporary placement to keep the inmate safe until the investigation was complete, or unless the inmate requested it. A targeted interview with the PREA Coordinator also verified that no inmates during the audit period have been placed in restrictive housing involuntarily in order to separate them from potential abusers. Staff indicated that there was sufficient space and housing units to find a suitable place for an otherwise orderly inmate.

The agency and ARF have a computerized assessment and bed management system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evidenced during the tour and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered.

The Warden has the authority to transfer inmates if needed. Staff indicated that segregation is not used to protect inmates at high risk of sexual victimization unless it is the only means of keeping an individual safe. In those circumstances, such placement is limited to less than 24 hours, until the inmate can be reviewed by the security housing committee for appropriate housing within the facility or transferred to another location that can afford safety.

The agency policy states that if inmates were placed in restrictive housing for involuntary protective purposes, they would be permitted programs and privileges, work and educational programs to the extent possible. Further, the policy stipulates that such an involuntary housing assignment would not normally exceed 30 day and such a placement would be documented and include the justification for such placement and why no alternative can be arranged. According to the policy, if an inmate is confined involuntarily under these circumstances, the facility shall review the continuing need for placement.

Staff are aware of their responsibilities regarding this standard, including the need for a review every 30 days. There have been no instances that required action regarding this standard.

During the on-site portion of the audit, the Auditors reviewed all the restrictive housing areas and had informal discussions with both inmates and staff. As verified by targeted interviews with staff, the Auditors did not identify any inmates who were involuntarily housed in restrictive solely for protective purposes for being a high-risk victim or having made an allegation.

After a review, the Auditors determined the facility meets the requirements of the standard.

Corrective Action: None

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Relied upon to make Compliance Determination:

1. ARF Completed PAQ
2. MDOC Operating Procedure 03.03.140, 05.03.130
3. Tri-fold Zero Tolerance Brochure
4. Prisoner Guidebook
5. MDOC PREA Plan
6. Site Review
7. JDI MOU and Posters
8. MDOC Website
9. Hotline Information
10. An End to Silence Inmates' Handbook Identifying and Addressing Sexual Abuse

Interviews with the following:

- PREA Coordinator
- Investigator
- Warden
- Random Staff
- Random Inmates

Observation of the following:

- Observation of informal interactions between staff and inmates
- Observation of inmates using the telephone system
- Observation of Information Posters inside the housing units, adjacent to telephone and in the booking area

Findings:

The MDOC Operating Procedure designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. Policy is written in accordance with the standard. The MDOC PREA Plan states that prisoners may privately report sexual abuse, sexual harassment, retaliation by other prisoners or staff for reporting sexual abuse or sexual harassment, and staff neglect or dereliction of duty that may have contributed to such incidents verbally, in writing, anonymously or through third parties. Prisoners can file such reports through verbal and/or written report to any staff member, the MDOC Sexual Abuse Hotline, via third parties, or informing the Michigan Legislative Corrections Ombudsman.

Policy 03.03.140 states that reports can be made by employees or prisoners verbally or in writing regardless of when the incident was alleged to have occurred. Such reports may be made in any manner, including:

1. Privately to appropriate supervisory employees;

2. Through the MDOC Sexual Abuse Hotline;
3. By completing the Department's Sexual Abuse/Sexual Harassment Complaint form on the MDOC website;
4. By contacting the PREA Manager;
5. By contacting the Internal Affairs Section;
6. Through an external reporting agency (Corrections Ombudsman, Crimestoppers);
7. Anonymously

The Auditors reviewed the Prisoner Guidebook and found that inmates are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, as well as by using the inmate telephone system to make a report to the PREA hotline. There are multiple internal ways for offenders to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports within or external to DOC, and third-party reports. Inmates have the option to contact the MDOC PREA Unit or the Legislative Corrections Ombudsman Unit. This information is received by offenders at intake in both written and verbal form, contained in the inmate handbook and on informational posters in all offender housing areas, intake and various other locations throughout the facility. Operational practice at ARF is consistent with the MDOC Operating Procedure. Informational posters are prevalent and prominent in all areas of the facility.

During random staff interviews, staff stated that inmates could make a PREA report to any staff member, write a note, have a friend or family member report for them, or call the hotline. During the site review, the Auditors observed reporting information adjacent to inmate telephones. Random offender interviews revealed that they feel that the staff at ARF would take a report seriously and act immediately, regardless of the source of the information. Inmate interviews also revealed that the inmates are aware of the reporting methods available to them.

The MDOC does not hold inmates solely for civil immigration purposes.

Staff interviews revealed that they are aware of their responsibilities with regard to reporting, and would accept and act on any information received immediately. All staff that were interviewed acknowledged their duty to report any PREA related information. Information on how to report on behalf of an inmate is listed on the agency website. Staff indicated they would accept and act on third-party reports, including from another inmate. Verbal reports are required to be promptly documented and reported to a supervisor.

MDOC Operating Procedure provides a requirement that inmates have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. Offenders can report outside the ARF, by phone, using the established hotline. This information is in the inmate handbook, posted by the phones and on the brochure the inmates receive at intake. During the site review, the Auditors observed PREA informational posters and placards adjacent to the inmate telephones with the Hotline information where reports can be taken and referred for investigation. This reporting option prompts the inmate to either leave a message or they have the

option to speak with an advocate. Most all offenders interviewed were aware of this as a potential reporting method, indicating the offenders are receiving this information.

The Auditors reviewed the allegations for the previous 12 months and found that the allegations of sexual abuse and harassment were reported through a variety of methods. This indicates that offenders are aware of the various reporting methods.

The Auditors verified the availability of the hotline by making a test call to the external hotline. The report was immediately received for the external call and logged. The Auditors received documentation of this report the same day from the PREA Manager's Office. During a targeted interview with a victim advocate from Just Detention International, she verified the availability hotline and their ability to take reports. She stated all the advocates are PREA trained.

Policy and the inmate handbook stipulate that 3rd party reports of sexual abuse or harassment will be accepted verbally or in writing. Random inmate and staff interviews revealed that the staff and inmates are aware that third party reports will be accepted and treated just like any other reports, with an investigation started immediately.

A targeted interview with multiple staff verified that there are numerous ways to make PREA complaints by both staff and inmates, including the use of the inmate phone system, anonymous letters, as well as third party reporting by other inmates, family and friends. The Auditors reviewed investigative files for the allegations of sexual misconduct within the last year. Most of the allegations were reported directly to facility staff, however there were a variety of methods used.

Policy requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented in writing by staff and responded to immediately. During targeted interviews with staff, the staff indicated that if an inmate reported an allegation of sexual abuse or harassment, they would immediately notify their supervisor of such an allegation and immediately intervene by separating the victim and alleged perpetrator. Each staff member stated that they would take action without delay and would accept a verbal complaint and would be required to make a written report of the incident. During random inmate interviews, the inmates were asked if they knew that they could make a verbal report of an incident of sexual harassment. All the inmates stated that they knew that they could report to any staff member.

Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or Warden directly. Staff can also report sexual abuse or harassment through the established hotline. Staff members are informed of this provision during PREA training. Staff interviews revealed that they are aware they can go directly to facility administration, including the PREA Coordinator to report sexual abuse and harassment of inmates. All staff that were randomly interviewed answered that they would report any such incident to their supervisor.

After a review, the Auditors determined that the facility meets the requirements of



	<p>the standard.</p> <p>Corrective Action: None</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. Inmate Handbook</li> <li>3. Staff Interviews</li> </ol> <p>Findings:</p> <p>Agency policy states that the MDOC has eliminated the administrative grievance procedure for addressing prisoner grievances regarding sexual abuse. If prisoners utilize the prisoner grievance system to report an allegation of sexual abuse, the facility Grievance Coordinator shall forward the sexual abuse allegation to the facility PREA Coordinator for further handling in accordance with this policy, and the sexual abuse grievance shall be removed from the grievance process. The prisoner shall be notified in writing that this has occurred.</p> <p>The Michigan Department of Corrections does not have an administrative procedure to address inmate grievances regarding sexual abuse therefore is exempt from this standard.</p> <p>A targeted interview with the facility investigator revealed that all allegations, including ones submitted through the grievance process are immediately referred for investigation. The facility reports that Prisoner PREA grievances are no longer used. However, prisoners do sometimes submit PREA complaints on a grievance form. These are immediately forwarded to the PREA Coordinator by the Grievance Coordinator.</p> <p>This is verified by the PAQ and interview with the PREA Coordinator.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Relied upon to make Compliance Determination:

1. ARF Completed PAQ
2. MDOC Operating Procedure 03.03.140, 05.03.130
3. MDOC PREA Plan
4. An End to Silence Inmates' Handbook Identifying and Addressing Sexual Abuse
5. Inmate Handbook and Website
6. Hotline Information
7. Trifold PREA brochure
8. MOU with JDI

Interviews with the following:

- a. PREA Coordinator
- b. Random Inmates
- c. Random and Targeted Staff
- d. Mental Health and Medical Staff

Observations of the Following:

- a. PREA informational Posters throughout the facility and public areas

Findings:

MDOC Operating Procedure is written in accordance with the standard and states that the Department shall provide prisoner victims with mailing addresses and toll-free phone numbers to outside victim advocates for confidential emotional support services related to sexual abuse.

The MDOC has established a Memorandum of Understanding with JDI to institute a statewide crisis sexual abuse support line for survivors of sexual abuse and sexual harassment housed within the MDOC. JDI shall engage the Michigan Coalition to End Domestic and Sexual Violence and local rape crisis centers, with the goal of building the capacity of Michigan service providers and ensuring that referrals are made to MDOC inmates are as effective as possible.

Pursuant to the MOU, JDI will provide a statewide, sexual abuse support line for incarcerated sexual abuse survivors in MDOC's facilities. The sexual abuse support line will be available to all survivors of sexual abuse and sexual harassment regardless of where and when the abuse occurred. The sexual abuse support line will be staffed Monday-Friday, from 11 am - 9 pm Eastern Time. JDI commits to provide the sexual abuse support line for incarcerated sexual abuse survivors in MDOC's facilities through a toll free number, at no cost to MDOC through the life of the OVC grant (September 30, 2020), and to make every effort to continue to raise funds to support the hotline after OVC funds have been expended. The sexual abuse support line will be staffed by trained JDI staff and supervised by a JDI Program Director. JDI will respond to confidential correspondence from sexual abuse survivors incarcerated

in MDOC facilities. JDI will maintain confidential communication with all prisoners who call or write to JDI for emotional support services related to sexual abuse or sexual harassment, with limited exceptions. Exceptions to confidentiality include when an MDOC prisoner:

- a. Presents a credible threat of suicide, homicide, or other harm to self or others;
- b. Informs JDI of a credible threat to public safety;
- c. Informs JDI staff of abuse against a child, elder, or conserved adult.

The facility provides inmates with access to local, state, or national victim advocacy or rape crisis organizations, including toll-free hotline numbers. The facility maintains a copy of the "An End to Silence" handbook published by the PREA Resource Center in the inmate library. The facility facilitates reasonable communications between inmates and those organizations and agencies, in as confidential manner as possible.

The ARF informs inmates of the extent to which these will be monitored prior to giving them access. The facility reports there have been no requests for confidential support services during this audit period. Staff interviews indicate they are aware of their obligations under this standard.

During the site review, the Auditors viewed posters in inmate living areas that notifies inmates of the availability of a third-party hotline, in both Spanish and English. The inmates are informed on the poster that, "All calls are confidential, anonymous, unmonitored and free." Services through JDI can be accessed through the free hotline, or by writing a letter.

Policy requires that inmates and staff are allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform inmates of their limits of confidentiality. Targeted interviews with medical and mental health reveal they are aware of their obligations to inform the inmates of the limits of confidentiality. The Auditors reviewed documentation that verified this is being relayed to the inmates. This is also posted on posters throughout the medical and mental health areas.

Inmates are informed of the services available at intake. ARF provides all inmates information regarding confidential support services through the trifold PREA Brochure upon intake (same day) and during orientation. The information is provided in written form through and provided to the inmate verbally. Inmate interviews indicated that some of the inmates are aware of the services that are available to them. Most inmates indicated they knew they could ask to speak to mental health for counseling services if they needed to.

The information is listed in the brochure that is provided to the inmates, as well as through informational posters throughout the facility. An interview with mailroom staff revealed that outgoing mail is not opened or searched (without documented cause) and there are no restrictions on inmates sending mail to external reporting entities, outside emotional support services, and/or legal mail.

The ARF has an MOU with Just Detention International (JDI) which stipulates they agree to provide a Hotline for confidential support services. The Auditors were provided a copy of the MOU and verified the agreement for services. The Auditors

	<p>verified the availability of services with the PREA Manager, as well as facility psychology staff. The Auditors also placed a test call to the hotline to verify this was a viable method for the inmates to utilize. There have been new JDI posters created and are in the process of being printed for posting at ARF.</p> <p>There have been no inmates detained solely for civil or immigration purposes.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. Prisoner Guidebook</li> <li>4. MDOC Website</li> <li>5. MDOC PREA Plan</li> <li>6. Just Detention International Posters (English and Spanish)</li> <li>7. Staff Interviews</li> <li>8. Inmate Interviews</li> <li>9. Legislative Corrections Ombudsman MOU</li> </ol> <p>Findings:</p> <p>The MDOC Operating Procedure is written in accordance with the standards, stipulating that all third-party reports will be accepted and investigated. The MDOC and ARF publicly provides a method for the receipt of third-party reports of sexual abuse or harassment through the MDOC website. The Auditors reviewed the DOC website. The website has information on its PREA page that contains contact and reporting information should any one wish to report an incident of sexual abuse or harassment on behalf of an inmate. The website states that all allegations of sexual abuse should be reported and will be investigated. To report, third-parties can contact the facility, Call the Prison Rape Elimination Office Sexual Abuse Hotline, Report Online or Write the Prison Rape Elimination Office.</p> <p>ARF's Inmate Handbook, which is provided during the intake process includes a section with PREA information that informs inmates that they can report sexual abuse and sexual harassment by calling the confidential reporting hotline and anyone on their behalf at the facility can report. They are also provided the agency's Zero</p>

	<p>Tolerance pamphlet upon arrival. The brochure informs inmates that reports can be made online, through the agency's website by a third-party.</p> <p>Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff, including supervisors, indicate they will accept a third-party report from a family member, friend, or another inmate. They would document the report and inform their supervisor and the report would be handled the same as any other allegation or report and investigated thoroughly. Targeted interviews with a facility investigator and the PREA Coordinator confirm that any allegations made by third-parties would be investigated the same.</p> <p>Offenders are provided this information at intake and offender interviews indicate that they are aware that family or friends or other offenders can call or write and report an incident of sexual abuse on their behalf.</p> <p>A review of the investigations for the past 12 months revealed two allegations of sexual abuse or harassment through third-party reports. The Auditors reviewed the investigative files and found that an investigation was initiated promptly and in accordance with MDOC Operating Procedure.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. MDOC PREA Manual</li> <li>4. MDOC Employee Handbook</li> <li>3. Review of investigative files</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• Investigative staff</li> <li>• Warden</li> <li>• Random Staff</li> <li>• Medical and Mental Health Staff</li> </ul> <p>Findings:</p> <p>MDOC Operating Procedure is written in accordance with the standard and requires all</p>

staff, contractors, and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, all indicate that staff are required to report all elements of the standard. Staff at Gus Harrison Correctional Facility are responsible for making reports to their immediate supervisor and documenting their actions as soon as possible. During the site review, all staff members interviewed were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All the staff members responded unequivocally that they were required to report any such instances. Staff were aware that they must report any level of suspicion, or information, regarding sexual abuse or harassment of offenders.

The Auditors also asked the same question of contracted staff, and they stated that they would report any instance of sexual abuse or harassment immediately to security staff. Interviews with staff indicate they are very clear regarding their duties and responsibilities about reporting PREA related information, including anonymous and third-party reports. During random staff interviews, all the staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. They were also asked if that included alleged behavior by staff or contractors or volunteers. All staff members who were interviewed said that they were obligated to report any such allegations or suspicions, no matter who it involved. Staff articulated their understanding that they are required to report any information immediately and document such in a written report.

Policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. Policy indicates that reasonable steps shall be taken to ensure the confidentiality of information obtained during the risk assessment process and from reports of conduct prohibited by this policy and any resulting investigations. Persons interviewed as part of an investigation shall be specifically warned not to discuss the investigation with others. Staff that intentionally compromise this confidentiality shall be subject to discipline in accordance with PD 02.03.100 "Employee Discipline." Prisoners in a CFA facility who intentionally compromise this confidentiality shall be subject to discipline in accordance with PD 03.03.105 "Prisoner Discipline." This does not preclude staff from discussing such matters with their attorneys or in accordance with this or any other policy directive, Civil Service Commission rules and regulations, or applicable collective bargaining unit agreements. This also does not preclude prisoners from discussing such matters with their attorneys, to seek treatment, or to ensure their own safety. The PREA Administrator shall share with the facility head and his/her supervisors, as appropriate, allegations of conduct prohibited by this policy which are received directly by the PREA Section.

Per the PREA Manual, the only acceptable disclosures are relative to investigative, treatment, security and management decisions. During the random staff interviews, staff were asked about their requirement for maintaining confidentiality. The staff

understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All the interviewed staff stated that details related to either inmate allegations or staff allegations should remain confidential and they would only discuss details with supervisors and investigators. A targeted interview with the PREA Coordinator and Investigator verified that all investigative files are maintained with limited access.

Policy requires that all medical and mental health personnel inform inmates of the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. The PREA Manual and agency policy 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.

Interviews with medical and mental health staff indicate they are aware of their mandatory reporting requirements and comply with the mandate to disclose the limits of their confidentiality. Medical and mental health staff are aware of their responsibilities to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident.

Staff confirmed their obligation to disclose their limits of confidentiality before each encounter and articulated their obligations to convey any reports of facility based sexual abuse to the PREA Coordinator at the facility. The Auditors viewed documentation that shows that medical and mental health staff discuss limits of confidentiality with the offenders. Mental health staff stated that inmates are informed about limits of confidentiality and informed consent and acknowledge this at the initiation of mental health services. In addition, there are signs prominently displayed in medical and mental health areas that detail the limitations of confidentiality for medical and mental health providers.

The facility does not house inmates under the age of 18.

Targeted interviews with the PREA Coordinator, as well as random staff interviews verified that all allegations of sexual abuse or harassment received from a third party are referred for investigation and immediately acted upon.

The MDOC policy requires all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports be immediately reported and investigated. Staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred involving a prisoner under the jurisdiction of the Department including third party and anonymous complaints. All allegations of sexual abuse and harassment at ARF are reported to the on-duty supervisor, who initiates an investigation.

The Auditors conducted a formal interview with a facility investigator, who indicated that all allegations are immediately reported and investigated. The Auditors reviewed the investigative files for allegations within the previous 12 months and determined that they were promptly reported and investigated as required by the standard.

After a review, the Auditors determined the facility meets the requirements of the

	<p>standard.</p> <p>Corrective Action: None</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied upon to make Compliance Determination:</p> <p>Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140, 05.01.140,</li> <li>3. MDOC PREA Manual</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Warden</li> <li>• Random Staff</li> <li>• Random Inmates</li> </ul> <p>Findings:</p> <p>MDOC Operating Procedure is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. The PREA Manual that indicates that when a prisoner is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by ensuring no contact between the alleged abuser and the alleged victim. Such actions can include housing changes, temporary segregation, reassignment, stop orders and transfers that must be documented, including the time between report and when the action was taken.</p> <p>Random interviews with staff, both security and non-security, indicate they are clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Staff were able to articulate the steps they would take and act immediately to protect the inmate. Staff indicated they would immediately remove the inmate from the situation, keep them separate and safe, and find an alternate place for them to stay or be housed pending an investigation or further action. Staff stated they would ensure the inmate was kept safe, away from the potential threat and an initial investigation was completed by the supervisor. Classification staff and the Unit Managers would also be notified. Targeted interviews with the Warden and the PREA Coordinator confirmed that it is the policy of ARF to respond without delay when inmates are potentially at risk for sexual abuse or any other types of serious risk.</p>



	<p>Higher level staff interviewed by the Auditors were knowledgeable of their responsibility for the protection of inmates identified as being at imminent risk of sexual abuse. Options include relocating the inmate to a different housing unit at the facility or transferring the inmate to another facility. These actions would be determined on a case-by-case basis and with the best interest of the inmate in mind. The Warden confirmed that he has the ability to move a prisoner if needed. He stated that action is taken immediately by the facility to protect inmates. The facility head is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims.</p> <p>ARF reports in the PAQ that there have been no determinations made that an offender was at substantial risk of imminent sexual abuse. Various staff interviews confirmed that the facility did not have any inmates determined by the facility to be subject to a substantial risk of imminent sexual abuse requiring immediate action during this audit period. All inmates that report an allegation are immediately separated from the alleged abuser and kept in staff sight at all times until the alleged abuser is secured. If the report is made to staff other than an officer, security staff would be notified immediately. The staff member that the inmate reported the allegation to would remain with the inmate and ensure their safety until security staff responded.</p> <p>The Auditors randomly reviewed files and talked with staff, both formally and informally, and found no evidence that an inmate was determined to be at imminent risk of sexual abuse. A review of investigative files indicated that staff took action to separate inmates during the course of investigations to ensure any potential threats were mitigated. There have been no incidents that required action with regard to this standard.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. MDOC PREA Manual</li> <li>4. Documentation of Facility Head Notification, if any</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul>

- Warden

Findings:

The MDOC's policy is written in accordance with the standard and requires that if the Warden or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he/she must make notification within 72 hours. The PREA Manual states that if a prisoner alleges that s/he was sexually abused while confined at a different facility, including, but not limited to county jails, another state or federal prison, or substance abuse program facility, staff shall forward the allegation to the Warden or Administrator at the prisoner's current facility. Whether or not the prisoner indicates the allegation was investigated, the Warden or Administrator shall provide email notification immediately, but no later than 72 hours, to the Warden or Administrator of the other location where the incident was alleged to have occurred with a courtesy copy to the Department PREA Manager.

Agency policy indicates that any allegations received directly in the PREA Section shall be forwarded to the facility where the conduct is alleged to have occurred. If an allegation received at a facility pertains to conduct at another facility (including county jails, another state prison, federal prison, or substance abuse program facility), the Warden shall provide email notification within 72 hours. For allegations of sexual abuse within the MDOC, the appropriate facility head shall verify whether the allegation had been previously investigated. If not, they shall ensure the allegation is entered into the Department's computerized database and investigated in a timely manner. A courtesy copy shall be forwarded to the Department's PREA Manager. When a PREA allegation is received by any MDOC office or location, other than a correctional facility, it shall be reported using the MDOC Online PREA Reporting Form on the MDOC website/PREA page. This includes any allegation received regarding sexual abuse and sexual harassment at a county jail, another state or federal prison, an MDOC facility, or a juvenile detention facility. If any documents related to the allegation are available, they must be scanned and e-mailed to the PREA Manager for review and follow-through.

During this review period, the facility reported receiving zero notifications from an inmate alleging sexual abuse while incarcerated at another facility that needed to be reported. According to targeted interviews with the Warden and PREA Coordinator, if they receive such a notice, they would immediately report the allegation to the Warden or Administrator of the other facility and document such a notice. They confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard. The Auditors were unable to review documentation of Warden-to-Warden notification regarding reported instances of sexual abuse. Additional clarification from the facility post-audit indicated that the ARF does not track PREA allegations reported to staff that occurred at another facility. The allegation is sent to the facility where the complaint originated.

Agency policy requires that if the Warden or designee receives notice that a previously incarcerated inmate makes an allegation of sexual abuse that occurred at ARF, it would be investigated in accordance with the standards. PD 03.03.140 and

	<p>the PREA Manual 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 Warden and the PREA Coordinator both confirm that allegations received from other confinement facilities are properly investigated.</p> <p>The ARF provided documentation of a report from another facility that an inmate claimed he/she was sexually harassed while housed at ARF within this audit cycle. A "Request for Investigation" was completed. The facility reported on the PAQ that there were zero allegations of sexual abuse the facility received from other facilities. In the event such allegation is received, the Warden shall notify the PREA Coordinator and assign a facility investigator, who will ensure that an investigation is initiated. Interviews with the Warden and PREA Coordinator confirm the staff are aware of their obligation to fully investigate allegations received from other facilities. The Warden stated that upon receiving an allegation that an inmate was assaulted at another facility, he would call the Warden at the facility where the alleged assault occurred, followed by an email to Warden to complete and document the notification process. The Warden stated he would make the notification within 72 hours of receiving the information but typically would make the notification as soon as he receives it. The Warden stated that if he receives notification from another facility that a former ARF inmate has alleged sexual abuse while incarcerated at ARF, he would ensure a facility investigator is assigned and notified, and an investigation would immediately be initiated.</p> <p>Further, interviews with the staff, both formal and informal, revealed that staff is aware of their obligations with regard to reporting, and there is a universal understanding and commitment to immediately report any allegations of sexual abuse or harassment.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. MDOC PREA Manual</li> <li>4. PREA Checklist</li> </ol>

5. MDOC Sexual Violence Response Investigation Guide
6. Basic Investigator Training
7. Review of investigative files
8. PREA Course for All Employees (NPRC)
9. Interviews with Random Staff, PREA Coordinator, Investigator

Findings:

The MDOC Operating Procedure is written in accordance with the standard and indicates actions staff should take in the event of learning an inmate has been sexually assaulted. Policy requires that when an inmate reports an incident of sexual abuse, the responding custody staff member shall:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if applicable;
- (3) If the abuse is alleged to have occurred within the past 96 hours, request that the victim and ensure that the abuser not take any action that could destroy potential physical and/or forensic evidence including but not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

Non-custody staff shall:

- (1) immediately notify his/her chain of command for a referral to the appropriate custody supervisor.
- (2) request that the prisoner victim not take any action that could destroy potential physical and/or forensic evidence.

The requirements of the first security staff member to respond to the report of sexual abuse are outlined in The PREA First Responder Checklist.

Per the PAQ, there were 60 allegations of sexual abuse during this audit period. The Auditors reviewed the investigative reports. Documentation indicates that the alleged victim was immediately separated from the alleged perpetrator. A review of investigative reports indicated that all appropriate steps were taken and an investigation was initiated.

In the past 12 months, the facility reports 9 allegations where staff were notified within a time period that still allowed for the collection of physical evidence. Documentation confirms that the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence, and requested and ensured 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.

During the on-site portion of the audit the Auditors interviewed 11 inmates who reported sexual abuse or harassment. The interviews suggested that appropriate steps were taken in compliance with the standard.

The Auditors conducted formal and informal interviews with staff first responders. Security first responders were asked to explain the steps they would take following an alleged sexual abuse reported to them. All staff interviewed said that they would

	<p>notify their supervisor after separating the inmates and wait for further instructions. The staff were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence. The Auditors were informed the scene would be preserved and remain so until the assigned Investigator arrived to process the scene. A targeted interview with the Investigator indicated that once the initial steps were done and the scene was secure, IA would be notified, depending on the nature of the investigation.</p> <p>The Auditors conducted interviews with supervisory staff. The Auditors asked what the supervisor response and role would be following a report of sexual assault. The supervisor stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and a staff member posted to ensure no one entered the scene. The alleged victim would be taken to medical for treatment of any emergent needs and transported to Charles and Virginia Hickman Hospital for a forensic exam, if needed.</p> <p>Policy requires that if the first responder is not a security staff member, the staff immediately notify a security staff member. Per the PAQ, there were 13 instances during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse. The Auditors conducted formal interviews with non-security personnel. Staff were asked what actions they would take following an alleged sexual abuse reported to them. Staff indicated they would ensure the victim remains with them and immediately inform an officer or supervisor. They would also request the victim not take actions to destroy evidence.</p> <p>Medical personnel interviewed stated they would first ensure a victim's emergency medical needs are met. They stated they would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the Auditors they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. Victims would be transported off-site for a forensic exam, if needed.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> </ol>

2. MDOC Operating Procedure 03.03.140, ARF OP 03.03.140
3. Sexual Assault Checklist
4. MDOC PREA Plan
5. Interview with PREA Coordinator, Investigator, Medical Staff and Warden

Findings:

The MDOC policy requires each agency develop a written plan to coordinate actions taken in response to an incident of sexual abuse. The facility has developed its own operating procedures for agency policy 03.03.140. OP 03.03.140 describes the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. A Sexual Assault First Responder Checklist has been created which supplements the facility OP and outlines staff duties in response to a sexual assault incident.

Per the MDOC PREA Manual, each correctional facility shall include in their operating procedures an institutional plan to coordinate actions taken in response to an allegation of sexual abuse.

The Auditors reviewed the plans for ARF. The facility has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff, and administrators. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. The agency has multiple listing actions to be taken by staff for each type of sexual assault allegation to ensure that all aspects of the response are covered and nothing is missed. Many of the facility staff involved in responding to incidents of sexual abuse are also a part of the incident review team. The ARF OP 03.03.140 has an effective date of August 15, 2022.

The Auditors reviewed investigative files of sexual assault, which indicate staff are appropriately responding to allegations of sexual assault, including preservation and/or collection of physical evidence.

The Auditors interviewed the Warden, a designated investigator, medical and mental health staff, as well as the PREA Coordinator, who all described the facility's coordinated response in the case of an allegation of sexual abuse or harassment. The response begins with the allegation and first responder action to protect the victim, secure the crime scene and protect any potential evidence. The initial investigation begins with the first responders and supervisors and then the facility investigators.

Depending on the nature of the allegation, the investigation will either begin as administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with policy and provided a forensic exam and ancillary services, as well as advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the

	<p>investigation.</p> <p>All staff at ARF that the Auditors spoke with appear to be well-versed in their role and responsibilities in responding to allegations of sexual assault.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. AFSCME CBA- 2022-2024</li> <li>3. MDOC PREA Manual</li> <li>4. MSEA Collective Bargaining Agreement 2022-2024</li> <li>5. SEIU 517M HSS 2022-2024</li> <li>6. SEIU 517M SE 2022-2024</li> <li>7. SEIU 517M Tech CBA 2022-2024</li> <li>8. UAW CBA 2022-2024</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Manager</li> </ul> <p>Findings:</p> <p>Per the PREA Manual the Department, or another governmental entity on behalf of the Department, shall not enter into or renew any collective bargaining agreements that:</p> <ol style="list-style-type: none"> <li>(1) Limits the Department’s ability to remove alleged staff sexual abusers from contact with prisoners pending the outcome of an investigation;</li> <li>(2) Imposes a standard higher than preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated;</li> <li>(3) Limits the determination of whether and to what extent discipline is warranted;</li> <li>(4) Prohibits disciplinary sanctions up to and including discharge for violating Department Work Rule #50 “Overly-Familiar or Unauthorized Contact,” #51 “Sexual Conduct with Offender,” or #52 “Sexual Harassment of Offender,” with discharge being the presumptive disciplinary sanction for staff who engage in sexual abuse;</li> <li>(5) Prohibits disciplinary sanctions that are not consistent for circumstances that are similarly situated;</li> </ol>

	<p>(6) Prohibits referral to law enforcement and relevant licensing bodies, regardless of whether the staff member resigned.</p> <p>The language of the PREA Manual is consistent with that 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 Employees Association (MSEA), American Federation of State, County, Municipal Employees (AFSCME), Michigan Corrections Organization (MCO), Service Employee's International Union (SEIU)-Scientific and Engineering Bargaining Unit, Service Employee's International Union (SEIU)-Technical Bargaining Unit, Service Employee's International Union (SEIU)-Human Services Support Bargaining Unit and United Auto Workers (UAW)-Administrative Support Unit and Human Services Unit.</p> <p>A review indicated that all agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates, consistent with provisions of the standard. Specifically, when warranted, the employer may take actions that include suspension of an employee during an investigation. This suspension may continue until the time where disciplinary actions are determined. There are no terms within the bargaining contracts that prevent the employer from removing staff for cause during an investigation. The agency head's designee confirms that the agency maintains the right to assign staff, even in the case of such employee winning a bid position.</p> <p>A review of facility investigations indicated evidence to support that the facility demonstrates that it exercises its ability to reassign or prohibit contact between staff and alleged victims pending investigation.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. MDOC PREA Manual</li> <li>4. CAJ-1022 PREA Sexual Abuse Retaliation Monitoring form</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul>



- Investigator
- Warden

Findings:

The MDOC's policy is written in accordance with the standard and states retaliation by or against any party, staff or offender, involved in a complaint or report of sexual abuse or sexual harassment shall be strictly prohibited. Agency policy and the PREA Manual indicate 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 conduct periodic status checks for prisoners who report or have reported alleged victimization. At Gus Harrison Correctional Facility, the Prison Counselor (PC) is responsible for monitoring. Both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The PREA Manual states that individuals who report sexual abuse are monitored for at least 90 days. The agency and the facility monitor for 90 days unless the allegation is unfounded, at which time, retaliation monitoring would cease. In the event retaliation is observed, policies ensure that it is remedied promptly and that monitoring can be extended beyond 90 calendar days if necessary.

Retaliation in and of itself, shall be grounds for disciplinary action and will be investigated. Per the PREA Manual, 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 facility reports that no other individual, aside from the victim/complainant expressed a fear of retaliation or requested monitoring for retaliation. The PREA Manual states that retaliation monitoring ceases when an allegation is unfounded.

Policy requires staff and inmates who report allegations of sexual abuse or harassment are protected from retaliation for making such reports. Policy and memo from the facility indicates that the PCM is designated as the staff who will be responsible for monitoring retaliation for a minimum period of 90 days. Monitoring will also include periodic status checks. Policy states monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need and monitoring shall cease if the investigation determines that the allegation is unfounded.

The Auditors conducted a formal interview with the staff member responsible for monitoring retaliation. This includes a review of disciplinary charges, Incident Reports and any other actions related to the inmate, including documents maintained in the inmate's file and his electronic record. They look at and review any changes, including housing, program, and work assignments. They will make referrals to medical and mental health as needed. The monitoring will also include periodic face

to face status checks and notations made on the Sexual Abuse Retaliation Monitoring Form (CAJ-1022). The facility monitors each individual on a weekly basis for a total of twelve weeks.

Staff stated the monitoring period would be a minimum of 90 days, and longer if necessary. In the event the inmate cannot be protected at the facility, the staff can and will recommend a transfer.

In the case of an offender being retaliated on by staff, the administration would discuss staff assignments with the supervisor to ensure the staff member is not placed in an area where the inmate is housed. The inmate can also be transferred, if need be, at the request of staff.

Administrative staff have the authority to move inmates around the facility or to request transfers to other facilities, or take other protective measures to assure inmates are not retaliated against. Inmates would not be held in Special Management unless requested by the inmate. The facility has multiple housing units where inmates can be moved.

In addition, the Warden has the authority and would intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment. An interview with the Warden revealed that he is aware of and involved in all PREA allegations. He confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored. He confirmed that the facility separates individuals involved in allegations and monitors for retaliation.

Investigative files were reviewed and it was found that facility practice includes documented face-to-face contacts with applicable parties during the monitoring period. The Auditor reviewed documentation that indicated that retaliation monitoring was suspended when the investigation resulted in a finding of unfounded.

The Auditors reviewed examples of monitoring for retaliation provided by the facility and found them to be in compliance with the standard. In addition, staff interviews confirmed their knowledge of the requirements for protection from retaliation for both inmates and staff members. The agency has prepared forms that include checklists that would assure and verify compliance with the necessary elements of the standard.

The facility reported there were no incidents of retaliation in the last 12 months.

After a review, the Auditors determined the facility meets the requirements of the standard.

Corrective Action: None

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

Evidence Relied upon to make Compliance Determination:

1. ARF Completed PAQ
2. MDOC Operating Procedure 04.05.120
3. Review of all Investigative Files from the past 12 Months

Interviews with the following:

- PREA Coordinator
- Staff who supervise inmates in RH

Observation of the following:

- Observation of Inmates in restrictive housing

Findings:

The MDOC's policy is written in accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Agency policy prohibits the placement of inmates who allege to have suffered sexual abuse 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.

Both formal and informal interviews with staff state they would not place an inmate in segregation for reporting sexual abuse or assault. Staff indicated they would not ordinarily place a sexual assault victim in segregation unless he had requested it. Staff explained that other alternatives are explored and segregation is utilized as a last resort. The Auditors were informed of and observed several areas in the facility to place sexual abuse victims to ensure they are protected from abusers without having to place the victim in segregated housing.

The Auditors reviewed all the ARF restrictive housing areas and through informal discussions with supervising staff, no staff indicated that inmates were assigned to restrictive housing as a result of their sexual vulnerability. Staff indicated that if an inmate that made an allegation were to be held in restrictive housing, it would be very briefly until other housing was arranged or the initial investigation was complete.

The facility reports no incidents that have required restrictive protective custody. Per the PAQ, no inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months. Interviews with the supervisory staff as well as the PREA Coordinator, Unit Management Staff, Prison Counselors and Classification Staff confirmed their knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim's allegation of abuse.

In addition, during targeted interviews with Classification and Unit Management staff, they both verified that there have been no instances of inmates being placed in restrictive housing as a result of the sexual victimization or vulnerability. There were

	<p>no records or documentation to review regarding this standard because there were no instances of the use of restrictive housing to protect and inmate who was alleged to have suffered sexual abuse.</p> <p>A review of investigative files did not indicate that individuals who reported sexual abuse were involuntarily placed into post-allegation protective custody.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140, 01.01.140</li> <li>3. MDOC PREA Manual</li> <li>4. MDOC Sexual Violence Response and Investigation Guide</li> <li>5. PREA Administrator Memo dated July 15, 2022</li> <li>6. Review of Investigative files</li> <li>7. Interviews with Staff</li> <li>8. Documentation of Investigator Training</li> </ol> <p>Findings:</p> <p>The MDOC Operating Procedure is written in accordance with the standard and states that all investigations into allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. These documents indicate that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, it shall be investigated. Staff shall ensure all allegations are referred to the appropriate law enforcement agency, the Michigan State Police, 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 AIPAS entry for each alleged incident. Agency policy requires that all reports, regardless of their source of origination, be taken and referred for investigation.</p>

The ARF conducts an investigation on all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The MDOC PREA Manual states that for each sexual abuse allegation, the assigned investigator shall complete a PREA Sexual Abuse Investigation form. For each sexual harassment allegation, the assigned investigator shall complete a PREA Sexual Harassment Investigation form. The report and/or forms shall be maintained with the investigation packet. Investigators shall interview alleged victims, suspected perpetrators and sufficient witnesses to establish the facts. When the evidence appears to support criminal prosecution, the assigned investigator shall coordinate all investigative interviews with law enforcement to ensure that interviews conducted by the Department, if any, will not be an obstacle for subsequent criminal prosecution. The investigator shall also review prior complaints and reports of sexual abuse involving the suspected perpetrator at the facility/facilities. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as "prisoner" or "staff." A prisoner who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device/serum as a condition for proceeding with the investigation of an allegation. For incidents in which the alleged perpetrator is a prisoner, the investigation shall be coordinated as necessary with the Hearing Investigator if misconduct charges are issued.

MDOC policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse.

Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. Credibility assessments are conducted as part of the investigative process with the institutional investigators, and the assessments are conducted on all involved parties in the investigation. A targeted interview with both the PREA Coordinator and a facility investigator confirm these practices. Each investigation goes through several levels of review to ensure thoroughness of the investigation.

The Warden stated that he is very involved in any PREA related allegations and reviews each investigative report in its entirety.

If the ARF Investigator determines that there may be a criminal element to the allegation of sexual abuse, they will refer the investigation for prosecution. The PREA Manual states that upon completion of the administrative investigation and in accordance with policy, the Department shall ensure that all Sufficient Evidence/ Substantiated investigations that appear to be criminal are referred for prosecution. The assigned investigator shall remain informed about the progress of the criminal investigation and disposition. Documentation of such information shall be recorded in the Department investigative report, PREA investigation worksheet(s), pertinent computerized database entry(ies) and forwarded to the Office of Legal Affairs.

Criminal investigations shall be documented in a written report that contains a thorough description of physical, forensic, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. The facility shall request, from the applicable law enforcement agency, a copy of the criminal investigation report to include with the Department's administrative investigation report. Any state

entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

The Auditors reviewed investigative reports for the allegations of sexual misconduct during the past 12 months. All reports contained the required elements as dictated by the standard. As evidenced by the investigative reports, all allegations are investigated promptly, thoroughly, and objectively. The report format is standardized throughout the DOC and review and oversight for all allegations is completed through the PREA Manager's office.

The agency is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the ARF, plus an additional 5 years in accordance with DOC records retention schedules and policy. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment.

If the MSP conducts an investigation of sexual abuse, the facility investigator serves as a liaison and would keep facility administrators informed of the progress of the investigation. The facility investigator stated that if the MSP investigates an allegation, they typically work together and share information. The investigative reports indicate collaboration efforts between facility investigators and outside investigators.

At the time of the on-site audit, ARF provided training records for 20 facility staff members who have received specialized training to conduct sexual abuse investigations in confinement facilities. The Auditors were provided training curricula and training certificates of designated investigators. The Auditors reviewed and verified that facility investigators had proof of receiving the specialized training required by the standard. A targeted interview with a facility investigator verified they are available to respond immediately, if necessary. MDOC Policy and the PREA Manual 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 Auditor conducted a formal interview with one of the facility's designated PREA Investigators. The investigator demonstrated knowledge of Miranda and Garrity warnings and was able to articulate considerations for interviewing sexual abuse victims, evidence collection techniques to preserve forensic evidence and knowledge of the preponderance of the evidence standard. The Auditor asked the Investigator to describe his process when conducting an investigation. He will review the scene, and preserve any evidence, if necessary. In accordance with the standard, he will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. He reviews criminal histories on all inmates involved, disciplinary history, incident reports, and classification actions. The investigator will review prior reports and complaints of sexual abuse involving the

suspected perpetrator. The investigator reviews video footage if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. Typically the review and gathering of evidence begins immediately. He stated he will interview the victim, alleged perpetrator, inmate witnesses, and staff witnesses, if applicable. He will keep the PREA Coordinator and facility administration advised of the progress of investigation. If at any point during the investigation he determines there could be potential criminal charges involved, the investigation would be reviewed and referred. The Investigator stated they begin the investigation immediately after receiving an allegation.

The PREA Manual 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. The facility investigator confirmed that credibility is based on the facts and details that they can corroborate from their statements and available physical evidence. He stated that truth-telling devices are not used in the investigatory process. A review of facility investigations revealed no use of truth-telling devices and individual credibility assessments were made consistent with the facts.

Investigative file information is maintained electronically with limited access.

Investigative files are maintained for a minimum of five years after the abuser has been released or a staff abuser is no longer employed. In accordance with MDOC policy, an offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation.

If an allegation is reported anonymously, the Investigators stated the investigation would be handled the same as any other investigation. Staff indicate they would continue the investigation even if an inmate is released or a staff member terminates employment during the investigation.

The ARF has had 60 incidents that required investigation during the review period. The Auditors reviewed investigative reports for all allegations of sexual misconduct during the past 12 months. A review of the investigative files indicate that the investigators are conducting the investigations in accordance with the standard. The reports show evidence that the investigator is gathering evidence, interviewing witnesses, victims, perpetrators, and conducting the investigation promptly. Reports indicate that investigators look at each allegation on its own merits and 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. The investigations appear to be conducted promptly, thoroughly and objectively.

The Auditors conducted targeted interviews with a facility investigator and the PREA Coordinator. They appear knowledgeable in conducting sexual abuse and sexual harassment investigations in accordance with the elements of the standard. The ARF facility investigators have received special training in conducting sexual abuse investigations in confinement settings.

All information related to PREA investigations is forwarded to the PREA Coordinator

	<p>for data compiling. Electronic data is securely maintained and the investigative files are kept in a locked area with limited access.</p> <p>There have been 4 substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC PREA Manual</li> <li>3. Basic Investigator Training</li> <li>4. Review of Investigative files for the past 12 months</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Investigative Staff</li> </ul> <p>Findings:</p> <p>The MDOC's policy is in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. It was confirmed by the PREA Manual and Basic Investigator Training Manual that MDOC imposes no standard higher than preponderance of the evidence in making determinations. This is discussed in the investigator training, which all designated investigators have completed.</p> <p>A formal interview with a designated Investigator and the PREA Coordinator for ARF confirmed that the staff responsible for administrative adjudication of investigations is aware of the requirements of the evidentiary standard. The investigators were able to articulate what preponderance meant and how they arrive at the basis for his determinations. The Auditors reviewed the investigative files for the previous 12 months. The Auditors reviewed examples of both substantiated and unsubstantiated allegations, including the basis for the determinations. A review of all investigative files indicates that the investigations are being conducted in accordance with the standard.</p>



	<p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. CAJ-1021 Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action</li> <li>4. Review of investigative files and notification to inmate</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Investigator</li> </ul> <p>Findings:</p> <p>The MDOC Operating Procedure is written in accordance with the standard and requires an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The MDOC PREA Manual states that following investigation of an allegation a prisoner suffered sexual abuse in a facility, the appropriate Warden or Administrator shall ensure the victim is notified in writing as to whether the allegation has been Substantiated/ Sufficient Evidence, Unsubstantiated/Insufficient Evidence or Unfounded/No Evidence. Following an allegation that a staff member committed sexual abuse against a prisoner, the facility conducting the investigation shall inform the prisoner, unless the investigation determines the allegation was Unfounded, utilizing a PREA Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action Form (CAJ-1021) whenever:</p> <ol style="list-style-type: none"> <li>(1) Any disciplinary action is taken. However, details of the discipline including the specific charges and sanctions shall not be provided;</li> <li>(2) The staff member is no longer posted within the prisoner’s unit;</li> <li>(3) The staff member is no longer employed at the facility;</li> <li>(4) The Department learns the staff member has been indicted on a charge related to sexual abuse within the facility; or</li> <li>(5) The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</li> </ol> <p>Following allegations that a prisoner was sexually abused by another prisoner, the</p>

Department shall subsequently inform the alleged victim utilizing a PREA Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action Form (CAJ-1021) whenever:

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

All such notifications shall be documented using the appropriate form. If notification is unable to be provided, the attempts shall be documented as well as the rationale for the inability to notify. A copy of the form shall be maintained for the PREA Audit. The Department's obligation to provide notification as outlined in this section shall terminate if the prisoner is paroled, discharged from his/her sentence, is vacated or the prisoner is pardoned.

An interview with the PREA Coordinator found that once the investigation is complete, the investigator is notified and will make the notification using form CAJ-1021, Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action. This is a Department wide form that is used to make notification. A targeted interview with a facility investigator confirmed this information.

Staff indicated that inmates are informed of the results of an investigation at the conclusion of the investigation. Notification is provided to the inmate through form CAJ-1021 by the Investigator. A copy of the notification is retained in the investigative file.

During the past 12 months, there have been 60 allegations of sexual abuse. Per the PAQ, notification was made to 60 inmates.

The Auditors interviewed inmates who reported sexual abuse at ARF during the on-site portion of the audit. The inmates stated that they had received notification of the outcome of the allegation.

Outside criminal investigations are conducted by MSP in conjunction with the facility administrative investigations. The Investigator is the liaison with MSP. MSP communicates with the facility and will send any relevant updates relating to criminal charges/convictions. When MSP conducts an investigation, the facility requests necessary information to provide a finding to the alleged victim consistent with the standard. There were no criminal charges for any allegations in the past 12 months. The inmates were notified in accordance with the standard by the facility investigator.

The Auditors reviewed the investigative files for all reported allegations of sexual assault during the review period. The ARF made notification to the inmates at the conclusion of the investigation as required. The Auditors viewed the CAJ-1021 present in the files, including the inmate signature as verification of receipt. Interviews with a facility investigator and PREA Coordinator confirmed their knowledge of their affirmative requirement to report investigative finding to inmates in custody.

	<p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140, 03.03.130, 02.03.100</li> <li>3. MDOC PREA Manual</li> <li>4. MDOC Employee Handbook</li> <li>5. Michigan Penal Code (Act 328 of 1931) 750.520c</li> <li>6. Investigative files</li> <li>7. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The MDOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of an inmate shall be terminated from employment. Employees who are found to have violated agency policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts as well as the previous disciplinary history of the staff and comparable to other comparable offenses by other staff with similar disciplinary histories. The staff sanctioning matrix in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with the standard. The PREA Manual and staff sanctioning matrix in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary actions. According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations.</p> <p>According to the submitted PAQ, in the past 12 months, there were three staff members who violated agency sexual abuse or sexual harassment policies. The staff members received disciplinary action and were terminated. A review of the investigative files and interviews with the Warden and Investigators corroborated this information. The Auditors reviewed the investigative reports for these allegations and found that The ARF acted in accordance with MDOC Operating Procedure and all</p>

	<p>related PREA standards. These allegations were referred to and investigated by IA.</p> <p>Interviews with facility staff and administrators verified that staff consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. In both formal and informal staff interviews, the staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.</p> <p>The Auditors interviewed the Warden regarding the facility's staff disciplinary policy. He indicated that if a staff member is terminated for violating the facility's sexual assault and harassment policy, and if the conduct is criminal in nature, it would be referred by IA for criminal prosecution. The facility investigator and PREA Coordinator verified this practice. If an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case for prosecution when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment. The facility reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. MDOC PREA Manual</li> <li>4. Memo re Investigation of Contractual Employees</li> <li>5. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The MDOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with inmates and will have their security clearance for the DOC and ARF revoked. Contractors and volunteers are held to the same standards as</p>

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 prohibited from entering a MDOC facility. The PREA Manual contains specific language regarding consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies. The PREA Manual requires reporting of such conduct to law enforcement and relevant licensing bodies. Policy states if there is an investigation and the individual is determined to have committed acts of sexual abuse or sexual harassment, the case will be referred for criminal prosecution and to any relevant licensing bodies. Additionally, the Agency will take measures to prevent contact from the volunteer or contractor with any offender within the MDOC system.

In the past 12 months, there have been no instances where volunteers or contractors have engaged in sexual abuse or harassment. Staff verified during targeted interviews that there had been no instances of sexual abuse or harassment by contractors or volunteers in the past 12 months. The Auditors reviewed the investigative files for the previous 12 months, which corroborated this information.

Per memo dated December 27, 2016 from the (then) Manager of Internal Affairs, all allegations of employee misconduct, including misconduct involving contractual employees, must be entered into AIM; and an appropriate investigation conducted. The contracting agency may perform a separate investigation and remove the employee. Whether a contractual employee should remain at a particular facility will be determined by the Warden/Administrator at that facility/location, and will vary depending on the severity of the alleged misconduct. Once an investigation is initiated involving a contractual employee, the contract monitor shall be notified by Internal Affairs. Contractual employees who are the subject of the investigation are permitted to have representation during the investigatory interview. The investigator must advise the employee of this, and arrange a date and time that does not delay the investigation. The contractual employee is responsible for obtaining his/her representative; and that person cannot be a MDOC employee. Investigations shall be completed in accordance with Policy Directive 01.01.140 (Internal Affairs) as a IA monitored investigation unless otherwise assigned by Internal Affairs. All completed investigations regarding contractual employees need to be sent to Internal Affairs for final review and closure. Contract employees do not participate in the MDOC disciplinary process. No disciplinary conference will be scheduled. Once Internal Affairs receives and reviews the completed investigation, Internal Affairs will notify the appropriate contract monitor with the results of the investigation. In many situations, it is likely the contractual employee will no longer be working at the correctional facility; but this process will confirm that the incident was appropriately investigated and proper action was taken. Neither the contractual employee, nor the contracting agency, will be provided with a copy of the investigation report. The investigation report is exempt from disclosure pursuant to FOIA PD 01.06.110 (U). Upon request, the contract monitor shall be provided a copy of the investigation report by Internal Affairs.

Targeted interviews with contract staff members verified that they consider a

	<p>violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility. The contract staff were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.</p> <p>The Auditor interviewed the Warden regarding the disciplinary policy regarding contract staff and volunteers. He indicated that contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff would most likely be terminated by the contract employer. If the conduct is criminal in nature, it will be referred to local law enforcement for investigation and possible prosecution, as well as reported to any relevant licensing bodies.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140, 03.03.105</li> <li>3. MDOC PREA Manual</li> <li>4. Prisoner Guidebook</li> <li>5. Review of Investigative Files</li> <li>6. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The MDOC Operating Procedure directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy and the MDOC PREA Manual 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. Policy also establishes a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment.</p> <p>There is a consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed. The PREA Manual directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse consider placing offending inmates into such programs.</p> <p>Staff interviews confirm that the facility would follow the prisoner sanctions procedure</p>

for those who violate sexual abuse and sexual harassment policies. In addition to potential disciplinary segregation, inmates may have their custody levels raised or may be transferred to another location as determined by the security classification committee. Staff interviews indicate that facility hearing examiners, who are administrative law judges, are required to consider the mental status of an inmate when determining sanctions. Mental health staff indicated that there is an evaluation procedure that would be employed if an inmate were found to have engaged in sexual abuse which would determine any relevant treatment needs.

Policy dictates that staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. If it is determined that the inmate did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions.

MDOC prohibits sexual activity between inmates. Inmates found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between inmates is found to be consensual, staff will not consider the sexual activity as an act of sexual abuse. Instances of sexual activity between inmates, if reported to be consensual, are still investigated and each case is taken at face value. 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.

MDOC Operating Procedure states inmates are subject to formal disciplinary action following an administrative finding that they engaged in inmate-on-inmate sexual abuse. According to the submitted PAQ, there have been 24 substantiated instances of inmate-on-inmate sexual abuse. Any substantiated reports of inmate-on-inmate sexual abuse would result in a disciplinary charge for the perpetrator. There have been no criminal findings of guilt for inmate-on-inmate sexual abuse. The Auditors reviewed the investigative files for the last 12 months.

According to policy, disciplinary action for inmates is proportional to the abuse committed as well as the history of sanctions for similar offenses by other inmates with similar histories.

Agency policy requires that staff consider whether an inmate's mental health contributed to their behavior before determining their disciplinary sanctions.

There is mental health staff on site to provide mental health services to the inmates at ARF. Mental health staff provides an array of services, including programming, supportive counseling and crisis intervention. Mental health staff are on call for emergent needs and can transfer inmates if they need more in-depth mental health treatment. Any decision to offer counseling or therapy to offenders and the initiation of any such counseling or therapy for individuals who have committed sexual offenses would be done at the discretion of the mental health staff in conjunction with a treatment plan for the offender. Psychology staff stated that they would provide

	<p>services to inmate perpetrators, if requested.</p> <p>Agency policy stipulates that inmates will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were no substantiated instances of inmate on staff sexual assault during the audit period.</p> <p>Agency policy prohibits disciplining inmates who make allegations in good faith with a reasonable belief that prohibited conduct occurred. Interviews with staff and inmates confirm that ARF is adhering to the provisions of the standard. A review of facility investigations demonstrate that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven. The Auditors reviewed investigative files, classification files, inmate records and interviewed staff, including a targeted interview with the PREA Coordinator. There is no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith.</p> <p>Interviews with staff and inmates confirmed their knowledge of the policy regarding inmates engaging in non-coerced sexual activity. Furthermore, the staff and inmates were aware that the agency has an internal disciplinary process for inmates who engage in sexually abusive behavior against other inmates and knew that they could be disciplined for sexual abuse. The Auditors reviewed disciplinary reports for consensual sexual behavior and found them to be in compliance with the standard. Multiple staff stated that there is a thorough investigation into all disciplinary reports.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140, 03.04.100, 03.04.108, 04.01.105</li> <li>3. MDOC PREA Manual</li> <li>4. CAJ 1028 Authorization for Release of Information</li> <li>5. Informed consent</li> <li>6. Interviews with Staff, including the following: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. MH Staff</li> <li>c. Medical Staff</li> </ol> </li> <li>7. Interviews with Inmates</li> </ol>



## 8. Review of files

### Findings:

The MDOC's policy is consistent with the requirements of the standards. The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an inmate that reports sexual victimization, either in an institutional setting or in the community. Per the MDOC PREA Manual, if a PREA Risk Assessment or PREA Risk Assessment Review indicates a prisoner has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the prisoner is referred for a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening. PD 03.03.140 states that prisoners identified as having a history of physical or sexual abuse, or who pose a reasonable concern that they may be sexually victimized while incarcerated due to age, physical stature, history, or physical or mental disabilities shall be similarly referred.

It is the policy of the MDOC to identify, monitor and counsel inmates who are at risk of sexual victimization, as well as those who have a history of sexually assaultive behavior. PD 04.01.105 indicates that a prisoner identified as having a history of physical or sexual abuse, or who poses a reasonable concern that s/he may be sexually victimized while incarcerated due to age, physical stature, history, or physical or mental disabilities shall be referred to BHCS psychological services staff; the Intake Screening for History of Sexual or Physical Abuse form (CHJ-464) shall be completed by BHCS staff as part of this screening process.

PD 04.06.180 states that Qualified Mental Health Professionals (QMHP's) shall be available to provide mental health services. Prisoners in need of mental health services shall be identified in a timely manner, have reasonable access to care, and be afforded continuity of care, including aftercare planning and follow-up as indicated. QMHP's provide services to prisoners as clinically indicated including mental health intake evaluations, and crisis intervention.

A random review of inmate files validated that the screenings were being conducted in accordance with the standards and the policy. In addition, there were multiple documented instances provided by the facility where inmates who were identified as needing follow up care, were offered the follow-up care within the 14-day period prescribed by the standards. An interview with medical staff and mental health staff confirms that if an inmate answers yes that they have experienced previous victimization, they are referred to mental health and the inmate is offered a follow-up meeting. The mental health provider indicated that the 14-day follow-ups entailed a face-to-face meeting with the inmate. Staff also stated that the follow-up meetings typically occur sooner than 14 days. Staff will notify inmates identified as high-risk of sexual victimization and high-risk of sexual abusiveness of the availability for a follow-up meeting with a mental health practitioner and inform the inmate of available, relevant treatment and programming.

Interviews with medical and mental health staff also confirmed that referrals are generated if a screening indicates that an inmate has perpetrated sexual abuse,

	<p>whether it occurred in an institutional setting or in the community.</p> <p>Of the currently housed inmates at the time of the on-site review, there were 3 inmates identified as having reported previous sexual victimization that were interviewed during the targeted inmate interviews. The inmates recalled being offered mental health services.</p> <p>The Auditors conducted a formal interview with mental health staff. The staff member indicated that inmates identified as needing follow-up care are scheduled to be seen within 14 days. Staff was clear about confidentiality and that this information would be only be shared with those who needed to know. Mental health staff confirm that services are offered to both inmates at risk of victimization, as well as inmates who have a history of sexually assaultive behavior. Further, the psychologist stated that if she gets a referral from staff to see an inmate, she will move them up on the schedule depending on need.</p> <p>An interview with the staff confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential. This information is limited access and only used to make housing, bed, work, education, and other program assignments, in accordance with agency policy.</p> <p>MDOC Operating Procedure states that medical and mental health personnel will 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. Interviews with medical and mental health staff confirm that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting. The Auditors reviewed examples provided by the facility of completed informed consent forms. The agency produced posters that explain the limitations of confidentiality, which were observed to be prominently displayed in each medical and mental health provider area.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140, 03.04.100, 04.01.125</li> <li>3. MDOC PREA Manual</li> </ol>

4. Interviews with Staff, including the following:

- a. PREA Coordinator
- b. Investigator
- c. Medical Staff
- d. Random Security Staff

5. Brochures

6. Interviews with Inmates

Findings:

The MDOC PREA Manual is written in compliance with the standard and states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. In accordance with PD 03.04.125 "Medical Emergencies" and PD 04.06.180 "Mental Health Services," prisoner victims of sexual abuse shall receive timely emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff. If no qualified medical or mental health staff are on duty at the time an allegation of recent abuse is made, custody staff first responders shall take preliminary steps to protect the victim in accordance with the Protective Custody section of this manual and shall immediately provide notification to the appropriate medical and mental health staff. Prisoner victims of sexual abuse while incarcerated shall be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with Department OP 03.04.100H "Health Care Management of Reported Sexual Assaults of Prisoners in CFA Facilities" as noted in the Ongoing Victim Services section of this manual. Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation of the incident.

The security staff first responders are responsible for immediately notifying the appropriate medical and mental health practitioners in case of an incident. Interviews with medical staff confirm that victims of sexual abuse would receive timely, unimpeded access to these services. Medical staff provide coverage 24 hours per day, seven days a week. The staff are aware of their responsibilities regarding protection of the victim and evidence in the case of a report of sexual assault. In addition, medical and mental health DOC staff are available 24 hours per day in the case of emergency and/or for crisis intervention services. This was confirmed by the PREA Coordinator and medical staff. Psychology staff will initiate contact with the victim and provide evaluation and treatment as appropriate. The Psychology Staff will complete a Sexual Assault Assessment and recommend subsequent services as indicated.

For services that are outside the scope of their experience, the victim can be treated at the local emergency department. Forensic exams are conducted off-site at Charles and Virginia Hickman Hospital by qualified forensic nurse examiners. An advocate is available at the request of the victim to provide emotional support services, and accompany the inmate to the hospital, if requested. The Auditors verified the availability of both services.

The auditor reviewed investigative file for allegations of sexual assault. Through a review of the 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. Interviews with facility staff indicate their awareness of the provisions of the standard and their responsibilities if there is a report of sexual abuse.

MDOC Operating Procedure states that all inmate victims of sexual abuse will be offered information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Medical staff was interviewed and confirmed the fact that they knew that they had an affirmative responsibility to provide care without regard to the ability of the victim pay for services or identify the alleged abuser, and the requirement to make a provision for emergency contraception and STD prophylaxis, if required. They confirmed that victims of sexual abuse would be offered these services either at the emergency room or as a follow-up once returned to the facility.

Agency policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. The inmate would be transferred to Charles and Virginia Hickman Hospital, which is approximately five miles from the facility. Interviews with medical staff confirm that victims of sexual abuse would not be charged for services received as a result of a sexual abuse incident. The MDOC PREA Manual states that a prisoner, who is alleged to have been sexually abused less than 96 hours previously and where forensic evidence may be present, shall be transported to a local hospital for a forensic medical examination. The examination shall be without financial cost to the prisoner and performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), where possible. If a SAFE or SANE cannot be made available, the examination can be performed by another qualified medical practitioner(s). The Department shall document its efforts to provide the examination by a SAFE or SANE. A copy of the completed PREA Forensic Examination Completed at Outside Hospital Form (CAJ-1020) and any notes evidencing the Department's efforts shall be maintained with the investigation packet. When the incident is alleged to have occurred more than 96 hours previously, a forensic examination is not required. However, the prisoner shall be referred to health care and mental health services in accordance with Department OP 03.04.100H "Health Care Management of Reported Sexual Assaults of Prisoners in CFA Facilities.

After a review, the Auditors determined the facility meets the requirements of the standard.

Corrective Action: None

**and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Relied upon to make Compliance Determination:

1. ARF Completed PAQ
2. MDOC Operating Procedure 03.04.100, 03.03.140, 04.01.125
3. MDOC PREA Manual
4. Interviews with Staff, including the following:
  - a. Mental Health Staff
  - b. Medical Staff
5. Brochures
6. Interviews with Inmates

Findings:

The MDOC Operating Procedure is written in compliance with the standard and states that the facility will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care. Interviews with medical and mental health staff reveal that they feel the care provided to the inmates is much better than the community level of care. Both indicated the immediate availability of and broad range of available services that are typically not as easily or quickly accessible in the community.

Inmate victims of sexual abuse while in the facility will be offered tests for sexually transmitted infections as medically appropriate. Interviews with medical staff confirm that inmate victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis. ARF only holds male offenders.

Through a review of facility investigations, the auditors found that appropriate referrals and treatment are being completed in accordance with the standard.

An interview with the Health Unit Manager revealed that inmate victims of sexual assault would be assessed immediately and a determination made if they needed to be transferred to the hospital. Any emergent medical needs would be addressed and the medical staff would ensure that no evidence is destroyed. A physician would examine an alleged victim and make appropriate decisions to treat any injuries, infections, STIs, or other medical needs.

MDOC Operating Procedure states that all treatment services for sexual abuse will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

	<p>Interviews with medical staff confirm that these services would be provided to the inmate at no cost. If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, first responders will take preliminary steps to protect the victim and shall immediately notify the shift supervisor. A review of facility investigations indicates that actions are being taken in accordance with the standard.</p> <p>The PREA states that within 60 days of learning of prisoner-on-prisoner abuser, the facility mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. Mental health staff stated that evaluative procedures are in place to address known inmate-on-inmate abusers for applicable treatment modalities. The Auditors reviewed documentation provided by the facility of ongoing services and mental health care for inmates identified as victims. In addition, the facility provided documentation of mental health evaluation and follow-up of identified inmate-on-inmate abusers. In a targeted interview with the mental health staff, she stated that inmates that both high risk victims and high-risk abusers would be offered services. If an inmate is identified as a high-risk victim or a high-risk abuser, they are referred to mental health for follow-up. Mental health will meet with the inmate, evaluate them and complete an assessment to determine the level of services offered to the inmate. If the inmate is designate as high-risk, mental health staff will monitor them at periodic intervals established by provider. All clinical services are delivered according to the clinical judgment of the practitioner. The Auditors reviewed examples of these follow-ups and found the facility is acting in accordance with the policy.</p> <p>Staff interviews confirmed the presence of policies and procedures consistent with the standard and confirmed the medical and mental health staffs' knowledge of the policy and standard. Staff are well-versed in their responsibilities with respect to PREA related incidents. Interviews with inmates confirm they are generally aware of the availability of services should they request or require them. There are crisis counseling and/or advocacy services available and inmates can request to speak with mental health. Staff confirmed that these services are available and being offered as needed.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Relied upon to make Compliance Determination:

1. ARF Completed PAQ
2. MDOC Operating Procedure 03.03.140
3. MDOC PREA Manual
3. Incident Reviews - CAJ 1025
4. Interviews with Staff

Findings:

The MDOC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. The PREA Manual states that the facility PREA Coordinator shall coordinate a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation was determined to be No Evidence/Unfounded. The PREA Manual indicates that the review team shall consist of upper-level custody and administrative staff, with input from relevant supervisors, investigators and medical and mental health practitioners.

According to the PAQ, during this review period there have been 57 total criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents at ARF. The Auditors reviewed the incident reviews, CAJ-1025s, provided by the facility. They were completed within 30 days and considered all elements as required by the standard and included upper-level custody and administrative staff, with input from relevant supervisors, investigators and medical and mental health practitioners.

In accordance with the standard, MDOC Operating Procedure states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation; the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may permit abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

An interview with a member of the incident review team, as well as the Warden confirms if there was an incident that required a review, all these factors would be considered. The staff stated that the review team follows a formatted document to ensure all elements of the standard are considered. The staff stated the incident review team discusses recommendations for improvement and include those recommendations on the final report, which is approved by the Warden. An interview with the PREA Coordinator confirms that a report of the findings, including recommendations for improvement, would be completed, and submitted for inclusion in the file. He indicated that the team would review the investigative report, any video and any other pertinent information. The Warden will review the recommendations. The PREA Coordinator also stated any recommendations would be implemented, or the reasons for not doing so would be documented. Both members of the incident review team interviewed stated that the Warden is very involved in PREA related matters and good about implementing recommendations.

	<p>The ARF has appointed a team that conducts incident reviews at the conclusion of any sexual assault investigations as stipulated by the standard. This was confirmed by formal interview of the Warden and PREA Coordinator. The team includes the PREA Coordinator, Warden, Deputy Warden, Mental Health, housing staff (Resident Unit Manager), Shift Commander, Health Unit Manager. A written report of the findings (CAJ-1025) is prepared and maintained by the Facility PREA Coordinator. He indicated that the reviews take place within 30 days of the conclusion of the investigation.</p> <p>Sexual Abuse Incident Reviews are conducted in a standardized method department wide. Team members meet to discuss the various components required by the standard and then this is documented on the PREA Report of Incident Review form. A copy is forwarded to the Regional PREA Analyst and Regional Office for review. This oversight and standardization are completed for all sexual abuse related abuse allegations.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. Annual Report 2021</li> <li>4. SSV</li> <li>5. MDOC PREA Manual</li> <li>5. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The MDOC Operating Procedure is consistent with the requirements of the standard and states that the agency will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and complete an annual report based upon said data. The PREA Manual outlines the data collection process. It states that each allegation of sexual abuse reported to have occurred within Department facilities shall be entered into the appropriate MDOC computerized database. Additionally, it indicates that the Department PREA Manager gathers data on each reported incident to aggregate an annual incident report. The report will include, at minimum, the data necessary to complete the SSV. The PREA</p>



	<p>Manual and PD 03.03.140 contain the definitions used to collect data at each facility. The MDOC reports their data annually to the DOJ via the SSV. The Auditors reviewed the Annual Report available on the facility website, including aggregated sexual abuse data for calendar years 2021, published September 2022. The data collected includes: Nonconsensual Sexual Act (NCSA); Abusive Sexual Contact (ASC); Sexual Abuse of Offender (SAO), Sexual Harassment Prisoner on Prisoner (SHPP), and Staff on Prisoner Sexual Harassment (SHO).</p> <p>The annual report is comprehensive and lists corrective actions taken. The report is approved by the Director and the PREA Manager prior to publishing on the agency's website. The agency's website includes annual reports published from 2014 through 2021.</p> <p>The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested.</p> <p>The agency is collecting and aggregating sexual abuse data on an annual basis as required by the standard for facilities under its direct control and private facilities with which it contracts. The report uses a standardized set of definitions, which are available on the agency website and in the MDOC Operating Procedure.</p> <p>The PREA Coordinator for each facility is responsible for reporting institutional data to the Regional PREA Analyst. The MDOC collects accurate, uniform data for every PREA related allegation using a standardized instrument and set of definitions.</p> <p>After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ with ADP</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. Annual Reports</li> <li>4. Website with sexual abuse data</li> <li>5. Interviews with Staff</li> </ol> <p>Findings: The MDOC Operating Procedure is consistent with the requirements of the standard</p>

and indicates that data collected pursuant to 115.87 for all facilities under its direct control and private facilities with which it contracts will be made readily available to the public through the agency website, excluding all personal identifiers after final approval. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of Annual Reports indicates that the report contains information on the MDOC's PREA efforts to include the actions taken in response to the previous year's PREA audits. The reports contain a comparison of collected data from the previous two years.

The Auditors reviewed the Annual Reports available on the agency website, including data for calendar year 2021. The report indicates that the agency reviewed the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The report, entitled "PREA Annual Report" includes an overview of the facility's plan for addressing sexual abuse and aggregated data. The annual report will include a comparison of the current year's data and corrective actions with those from prior years and must provide an assessment of the MDOC's progress in addressing sexual abuse. The annual report indicates the agency's efforts to address sexual abuse include continually providing education and staff training, as well as evaluating processes and standardization. Interviews with the PREA Manager confirm these efforts.

Corrective action is detailed in the report. Work continued toward updating the MDOC electronic PREA Risk Assessment instruments, including gender-specific instruments, as well as improvement of the established process. This included approval to contract with outside subject matter experts to assist with improving our risk assessment process. The Moss Group was identified as the consulting agency for this project. It is expected improvements to the risk assessment instrument/process will enhance compliance. Prior to 2021, the PREA Unit proposed to eliminate the MDOC PREA grievance process. In early 2021, the MDOC PREA grievance process was eliminated pursuant to a court order.

Even though the PREA grievance process was eliminated there remains many reporting options, including third party and anonymous reports, and investigation of all allegations of sexual abuse and sexual harassment against prisoners.

The Agency Head Designee indicated that there are many ways that data is utilized to assess and improve the Department's sexual safety practices. This includes sexual abuse incident reviews, the Annual Report, the Survey of Sexual Victimization and the annual review by the Wardens at each facility related to their staffing plans. All of this information is then utilized to identify any trends and improve or update policies, procedures and practices. Each facility documents allegations and investigations in the centralized database which is used to review trends and any areas of concern.

A review of the agency annual reports found them to be detailed, including all elements required by the standard. The agency's annual report includes any corrective actions taken by the MDOC for each facility. There appears to be a high level of transparency in the Department's efforts to prevent, detect and respond to

	<p>sexual abuse and harassment.</p> <p>The report is signed by the Director and the PREA Manager and there is no personally identifying information in the report.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. ARF Completed PAQ</li> <li>2. MDOC Operating Procedure 03.03.140</li> <li>3. Annual Report</li> <li>4. MDOC Website containing sexual abuse data</li> <li>5. Interviews with Staff</li> </ol> <p>Findings:</p> <p>The MDOC Operating Procedure is consistent with the requirements of the standard, which mandates that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be securely maintained. MDOC Operating Procedure is written in accordance with the standard that data collected pursuant to 115.87 will be made readily available to the public through the agency's website, excluding all personal identifiers after final approval by the Director. Policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>The PREA Manual, states that the Department shall ensure that all sexual abuse and sexual harassment data collected is securely retained. The PAQ as well as the interview with the PREA Coordinator confirmed that data is securely retained. The PREA Manager and facility PREA Coordinator indicated that all electronic data is maintained in a centralized system and all paper files are under lock and key at the facility and central office.</p> <p>The Auditor reviewed the website confirmed that the Survey of Sexual Victimization as well as previous Annual Reports (aggregated data) are available to the public online. The agency does not include any identifiable information or sensitive information on the Annual Report and as such does not require any information to be redacted. A review of historical Annual Reports confirmed that no personal identifiers were publicly available.</p>

	<p>The facility PREA Coordinator is responsible for reporting institutional data to the Regional PREA Analyst. Facility data collected and maintained by the PREA Coordinator is kept in a secured location. Aggregated sexual abuse data for the agency's annual report is compiled from Investigative files, Incident Reviews, and other relevant documents. Agency and facility data is maintained electronically in secure servers which require a unique username and password to access the data.</p> <p>The Auditors reviewed the agency's website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditors were informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection. Annual PREA Reports are available for 2014 - Present.</p> <p>After a review, the Auditor determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Previous Audit Report</li> <li>2. PAQ</li> <li>3. On-Site Review</li> </ol> <p>Interviews with the following:</p> <ul style="list-style-type: none"> <li>• PREA Manager</li> <li>• Warden</li> <li>• PREA Coordinator</li> <li>• PREA Analyst</li> <li>• Random and Targeted Inmates</li> </ul> <p>Observation of the following:</p> <ul style="list-style-type: none"> <li>• Observation of, and access to all areas of The ARF during the site review</li> </ul> <p>The ARF had its last PREA Audit October, 2017. The Auditors reviewed the facility's previous PREA report. The Auditors were given full access to the facility. The facility administration was open to feedback and receptive to suggestions made by the Auditors. The facility provided the Auditors with a detailed tour of the facility. The Auditors were able to request, review and receive all requested documents, reports, files, video, and other information requested, including electronically stored information. All requested documentation while on-site was provided in a timely manner.</p>

	<p>The Auditors were provided some documentation prior to the on-site audit, for review to support a determination of compliance with PREA standards. However, the Pre-Audit Questionnaire was only completed less than a week prior to the onsite review. This necessitated the Auditors having to request significant additional documentation that was not contained in the PAQ. During the pre-audit, onsite review and post audit phases, the Auditors reviewed all PREA investigative files, staff/inmate training records, inmate risk screenings, background investigations, logbooks, program information, camera placement and other pertinent documentation.</p> <p>All staff at ARF cooperated with the Auditors and allowed the Auditors to conduct interviews with staff and inmates in a private area. The Auditors were permitted to conduct unimpeded, private interviews with inmates at the ARF, both informally and formally. The Auditors were given private interview rooms to interview inmates, which were convenient to inmate housing areas. The ARF staff facilitated getting the inmates to the Auditors for interviews in a timely and efficient manner. Informal interviews with inmates confirm that they were aware of the audit and the ability to communicate with the Auditors. While conducting the on-site review, several inmates requested to speak with the Auditors, which was accommodated.</p> <p>The Auditors were able to observe both inmates and staff in various settings.</p> <p>Prior to the on-site review, letters were sent to the facility to be posted in all inmate living areas, which included the Auditor’s address. These notices were sent to agency and facility staff twice for posting. According to the facility, there was a miscommunication and the notices were only posted approximately a week in advance of the first day of the audit. The Auditors observed notices posted in various areas of the facility. The lead Auditor received a confidential letter from an inmate at ARF approximately one month after the onsite review. This was discussed with the PREA Analyst for referral to follow-up with the inmate.</p> <p>The facility did not have an onsite review and audit within the three-year period of the last audit due to cancellation of the scheduled 2020 Audit due to Covid. The ARF has now completed the onsite review and audit process. After a review, the Auditors determined the facility meets the requirements of the standard.</p> <p>Corrective Action: None</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Previous Audit Report</li> </ol>

## 2. MDOC Website

Interviews with the following:

- PREA Manager
- PREA Coordinator

The Auditors reviewed the MDOC website which contains a link for the July 2018 PREA Audit Report. Each audit report for all MDOC facilities is accessible on the page. The Gus Harrison Correctional Facility had an audit scheduled in 2020, however it was canceled due to Covid related concerns.

After a review, the Auditors determined the facility meets the requirements of the standard.

Corrective Action: None

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan 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	yes



	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	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?	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious 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.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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)	yes



	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	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
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	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.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na
	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.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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	na

	this standard.)	
	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.)	na
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na
	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.)	na
	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.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na
	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.)	na
	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.)	na
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	na
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na



	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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	yes

	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?	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

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



	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?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	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?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	



	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	

<b>(f)</b>		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	na