

PREA Facility Audit Report: Final

Name of Facility: Marquette Branch Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/03/2024

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input 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 type="checkbox"/> |
| Auditor Full Name as Signed: Joy Catrett-Bell | Date of Signature: 06/03/2024 |

| AUDITOR INFORMATION | |
|-------------------------------------|----------------------|
| Auditor name: | Catrett-Bell, Joy |
| Email: | jcbell1111@gmail.com |
| Start Date of On-Site Audit: | 05/01/2024 |
| End Date of On-Site Audit: | 05/03/2024 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Marquette Branch Prison |
| Facility physical address: | 1960 US-41, Marquette, Michigan - 49855 |
| Facility mailing address: | |

| Primary Contact |
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|--------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Warden/Jail Administrator/Sheriff/Director | |
|---|--------------------------|
| Name: | Sarah Schroeder |
| Email Address: | schroeders2@michigan.gov |
| Telephone Number: | 906-226-1802 |

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

| Facility Health Service Administrator On-site | |
|--|----------------------|
| Name: | Charles Scott |
| Email Address: | scottc@michigna.gov |
| Telephone Number: | 906-226-6531 ex. 252 |

| Facility Characteristics | |
|--|-------|
| Designed facility capacity: | 1197 |
| Current population of facility: | 766 |
| Average daily population for the past 12 months: | 629 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |

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| Age range of population: | 18-99 |
| Facility security levels/inmate custody levels: | I/V |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 266 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 18 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 28 |

AGENCY INFORMATION

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| Name of agency: | Michigan Department of Corrections |
| Governing authority or parent agency (if applicable): | State of Michigan |
| Physical Address: | 206 East Michigan Ave, Lansing, Michigan - 48933 |
| Mailing Address: | |
| Telephone number: | 5173733966 |

Agency Chief Executive Officer Information:

| | |
|--------------------------|---------------------------|
| Name: | Heidi E. Washington |
| Email Address: | WashingtonM6@michigan.gov |
| Telephone Number: | 517-780-5811 |

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|------------|-----------------------|------------------------|
| Name: | CJ Carlson | Email Address: | CarlsonC2@michigan.gov |
|--------------|------------|-----------------------|------------------------|

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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| 1. Start date of the onsite portion of the audit: | 2024-05-01 |
| 2. End date of the onsite portion of the audit: | 2024-05-03 |

Outreach

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| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|---|--|

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 1197 |
| 15. Average daily population for the past 12 months: | 629 |
| 16. Number of inmate/resident/detainee housing units: | 12 |
| 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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 763 |
| 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: | 2 |
| 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: | 572 |
| 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: | 1 |
| 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: | 38 |
| 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: | 1 |
| 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: | 6 |

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| <p>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:</p> | <p>7</p> |
| <p>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:</p> | <p>19</p> |
| <p>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:</p> | <p>8</p> |
| <p>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:</p> | <p>0</p> |
| <p>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):</p> | <p>The population of inmates meeting the criteria in certain categories were not present.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>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:</p> | <p>266</p> |
| <p>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:</p> | <p>28</p> |

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| 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: | 26 |
| 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: | None |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 16 |
| 54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" 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 |
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | Auditor reviewed roster and selected based upon the above factors. |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

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| <p>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):</p> | <p>The Auditor began conducting inmate interviews the first day of the on-site portion of the audit. Based upon the inmate population on day one of the audit (763), the PREA Auditor Handbook required that the auditor interview a minimum of (30) inmates, (15) random and (15) targeted. A total of (33) inmate interviews were conducted. All interviews with inmates occurred in a secure area to ensure privacy. Inmate 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.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>17</p> |
| <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> | |
| <p>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:</p> | <p>1</p> |

| | |
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| 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: | 2 |
| 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: | 1 |
| 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: | 1 |
| 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: | 1 |
| 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: | 10 |
| 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: | 3 |

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| <p>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:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p> | <p>The population of inmates meeting the criteria in certain categories were not present.</p> |
| <p>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:</p> | <p>8</p> |
| <p>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:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p> | <p>The population of inmates meeting the criteria in certain categories were not present.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>None</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>16</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <p>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):</p> | <p>Random staff were selected from all shift assignments. There were no barriers in completing interviews.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</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>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>18</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</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 type="checkbox"/> Other |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 2 |
| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff. | Random staff were selected. There were no barriers in completing interviews |

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.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

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)?

Yes

No

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)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

| | |
|--|---|
| <p>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).</p> | <p>The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of inmates, security rounds, interaction between staff and inmates, shower and toilet areas for inmates, observation of availability of PREA information located adjacent to and in the inmate housing areas, observation of staff communication in inmate housing units, search procedures, and availability access of medical and mental health services. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing control room monitors.</p> |
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Documentation Sampling

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>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?</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 Auditor conducted a document review of employee and inmate files and conducted spot checks of documents that were previously provided to the auditor with the PAQ, including logbooks and other institutional forms. The Auditor reviewed a random sampling of personnel files to determine compliance of standards on hiring, promotion and background check procedures for officers and contract staff. The Auditor 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 employees, as well as the procedure for annual refresher training. Reviewed inmate files to evaluate intake procedures, including screening, housing assignments, and verification of inmate PREA education. The Auditor requested additional supporting documentation that included training records, inmate medical records, inmate classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms for hiring and promotions.

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:

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|--------------------------------------|-------------------------------------|---|--|
| Inmate-on-inmate sexual abuse | 1 | 0 | 1 | 1 |
| Staff-on-inmate sexual abuse | 44 | 0 | 44 | 44 |
| Total | 45 | 0 | 45 | 45 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|-------------------------------------|---|--|
| Inmate-on-inmate sexual harassment | 3 | 0 | 3 | 3 |
| Staff-on-inmate sexual harassment | 27 | 0 | 27 | 27 |
| Total | 30 | 0 | 30 | 0 |

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 |
|--------------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 2 | 0 |
| Staff-on-inmate sexual abuse | 0 | 6 | 34 | 0 |
| Total | 0 | 6 | 36 | 0 |

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 |
|---|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 3 | 0 |
| Staff-on-inmate sexual harassment | 0 | 2 | 27 | 0 |
| Total | 0 | 2 | 30 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

8

| | |
|---|---|
| <p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>7</p> |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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> |

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| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>10</p> |
| <p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>3</p> |
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</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>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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> |

| Staff-on-inmate sexual harassment investigation files | |
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| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 7 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <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) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <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) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | Cases were classified as unfounded or unsubstantiated. |
| SUPPORT STAFF INFORMATION | |
| DOJ-certified PREA Auditors Support Staff | |
| 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. | <input type="radio"/> Yes <input checked="" type="radio"/> No |

| Non-certified Support Staff | |
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| <p>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.</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p> | <p>2</p> |
| AUDITING ARRANGEMENTS AND COMPENSATION | |
| <p>121. Who paid you to conduct this audit?</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 type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input checked="" type="radio"/> Other</p> |
| <p>Identify the entity by name:</p> | <p>Ab Management LLC</p> |

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

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Inmates</p> <p>Prison Rape Elimination Act (PREA)</p> <p>MDOC Prison Rape Elimination Act (PREA) Manual</p> <p>Memos</p> <p>MDOC Organizational Chart</p> <p>Interview with the Agency PREA Manager</p> <p>Interview with the PREA Coordinator</p> <p>Organizational Chart</p> |

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| | <p>MDOC Policy Directive 03.03.140 outlines the facility's approach to implementing practices covered by agency policy and the facility PREA Manual. MDOC has a comprehensive PREA policy which clearly mandates a Zero-tolerance policy on all forms of sexual abuse and harassment and provides definitions of prohibited behaviors. In accordance with standard 115.11, there are sanctions consistent with PREA definitions, for those who have been found to have participated in prohibited behaviors. The policy details the agency's overall approach to preventing, detecting, and responding to sexual abuse and harassment. PD 03.03.140 serves to establish the facility's Zero-tolerance policy and outlines their approach to implementing the PREA standards. The Auditor reviewed these documents in their entirety to determine compliance with provisions.</p> <p>The facility PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards. The facility's PREA coordinator oversees and coordinates the efforts of the MDOC to comply with Federal PREA Standards including development and implementation of policy, staff training and inmate education. The PREA Manager coordinates the collection of data, and the preparation for each three-year cycle of audits required by the standards.</p> <p>In response to the standards, each MDOC facility has assigned a PREA coordinator with sufficient time and authority to coordinate the facility's efforts to comply with the standards. The PC ensures the facility works to achieve compliance in all areas of the standards. The PC is responsible for monitoring and providing assistance in areas such as staff training, education, reporting, documentation and investigation of PREA-related allegations. They may serve as members of the Incident review team and serve as a contact for persons outside the agency on issues related to PREA requirements.</p> <p>Conclusion: Based on Auditor's review of related policy, memorandums, facility organization charts, and staff interviews, it is determined that the facility meets the mandate for this standard.</p> |
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| 115.12 | Contracting with other entities for the confinement of inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>MDOC Prison Rape Elimination Act (PREA) Manual</p> <p>Interviews with Staff</p> |

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| | <p>Eaton County WRAP</p> <p>According to the MDOC PREA manual, the facility will include in a new contract or contract extension pertaining to the confinement of inmates, that the contractor will adopt and comply with the PREA standards. The facility will provide contract monitoring for any new contract or contract extension that is listed, to ensure the contractor is complying with the PREA standards.</p> <p>Contractors must comply with the Federal Prison Rape Elimination Act (PREA), 28 CFR Part 115, and must immediately refer any allegations of sexual abuse or sexual harassment to the state's On-site officer. The contractor will ensure compliance with the National standards to prevent, detect, and respond to Prison Rape, effective August 20, 2012, as noted in their PREA standards. If the contractor does not abide by these standards, it is considered a breach of contract.</p> <p>The Procurement, Monitoring and Compliance Division (PMCD) within the Michigan Department of Corrections (MDOC) oversees contracts and will ensure that contractors are 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 meetings, determining service level agreements, overseeing the transition, and working with the MDOC program staff to ensure the contractual requirements are being met. The facility currently has renewed one contract with outside entities for confinement of their inmates as noted in the prior audit cycle.</p> <p>Conclusion: Based on staff interviews and document review, the facility is in compliance with this standard.</p> |
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| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>MDOC Prison Rape Elimination Act (PREA)</p> <p>Staffing Plan</p> <p>PREA Annual Staffing Review</p> <p>Staff Roster</p> <p>Interviews</p> <p>PD 04.04.100 Custody, Security, and Safety Systems</p> |

In accordance with the provisions of the staffing plan, the PREA Manager and PREA coordinator review the staffing plan yearly. During this review, adjustments if required to the staffing plan are made, monitoring technology reviewed, and allocation of facility resources are distributed. The review will be documented on the PREA Annual Staffing Plan review form and will 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 will document and justify all deviations from the plan. Staff will conduct document rounds in accordance with PD 04.04.100 and the Warden, Deputy Warden, and supervisory staff will conduct and document rounds for PREA audit purposes. Staff are prohibited from alerting other staff members when supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility.

During the onsite portion of the audit, the Auditor observed staff conducting rounds to ensure daily visibility, increase the safety of staff and inmates, observation of facility operations and conditions, monitoring of the well-being of inmates, and the opportunity for informal access to administrators. While conducting rounds, staff will observe and assess inmate accessible areas to identify unusual activity, safety concerns, security, or procedural violations. Staff will take appropriate action to address any unusual activity or violations.

The facility staffing plan is developed with minimum operational staffing levels in mind and a daily staff roster was reviewed to ensure adequate staff in accordance with the stated staffing plan for critical and non-critical posts. The daily rosters identify positions, the staffing requirements for those positions, and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. The administrative lieutenant manages the staff post assignments and is responsible for submitting the quarterly Post Assignment schedule each quarter to the Warden for approval.

The facility accurately documents justifications for deviations from the staffing plan and the most common reasons for deviations are short term disability, emergency leave, medical transportation, 40-hour in-service/training, vacations, and retirements. The Warden stated that management staff support all efforts to provide adequate staffing levels and make necessary adjustments to comply with the facility's staffing plan requirements. The facility utilizes overtime and a draft procedure to fill any vacated critical post during a shift. Daily security staff rosters requested and reviewed by the Auditor reflected changes made and the reason for each change. Review of post assignment rosters identified that correctional staff were able to maintain compliance within the staffing plan requirements to include staff reassignment for various days and shifts while ensuring critical post are staffed. The MDOC is actively recruiting to fill vacant positions and their facilities and utilize all staff to fill critical post assignments.

The staffing plan appears satisfactory in the facility's efforts to provide protection against sexual abuse and harassment. Adequate staffing was considered to ensure safety for the facility's current and potential population of specialized inmates that require more intensive or specialized staffing, including LGBTI inmates, medical or

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| | <p>mental health needs, disabled inmates, and LEP populations. The Auditor observed cameras in various areas of the facility and observed formal and informal interactions between staff and inmates.</p> <p>The PC provided completed documents that verified unannounced inspections are conducted monthly in accordance with the PREA Inspection worksheet. The unannounced rounds are randomly conducted to identify and deter sexual abuse and sexual harassment at the facility. The shift supervisor, RUMs, Warden, and executive staff will conduct and document random unannounced rounds.</p> <p>The Auditor reviewed housing unit logbooks during the tour and observed documentation supporting supervisory staff's unannounced rounds on all shifts. Supervisory staff document their rounds as "Unannounced PREA Inspection and/or Unannounced PREA Inspection/Security Check" in the housing unit logs and confirmation of supervisory rounds were also provided during interviews with supervisory staff. Supervisory staff interviewed by the Auditor stated they alternate their rounds and do not have a set schedule or pattern in when they conduct their PREA rounds. Logbook's entries confirmed a variety of times in which these rounds were conducted, and an electronic scanner is also utilized by departmental staff.</p> <p>Conclusion: Based on the review of the staffing plan, quarterly post assignment, daily post assignment rosters, interviews, and review of unannounced rounds, the Auditor determined the facility meets the mandate for the standard.</p> |
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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 05.01.140 Inmate Placement and Transfer</p> <p>MDOC Prison Rape Elimination Act (PREA) Manual</p> <p>Interviews</p> <p>Memo</p> <p>Logbooks</p> <p>Post Orders</p> <p>MDOC Policy Directive 05.01.140, Inmate Placement and Transfer, outlines the agency's' approach to housing youthful inmates and follows the guidelines of PREA standard 115.14. The Auditor reviewed the policy, which states that youthful</p> |

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| | <p>offenders will not be placed in a housing unit in which the youthful offender will have sight, sound, or physical contact with any adult inmate 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 inmate have sight, sound, or physical contact with one another.</p> <p>The facility 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. MBP does not house youthful offenders. If a youthful inmate must be placed at another facility for the purposes of medical or mental health care, the placement must be approved by an agency Deputy Director and accommodations for sight, sound, and physical contact separation must be made.</p> <p>The Auditors interviewed random staff who stated they had no knowledge that any youthful offenders had been housed in the facility during this audit cycle. The PAQ, documentation reviewed, and interviews with staff confirm that there have been no youthful offenders housed at MBP within the audit period</p> <p>Conclusion: The Auditor toured the facility, interviewed the Warden, and random staff to determine the facility does not house youthful offenders. The facility is compliant with provisions of the standard.</p> |
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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>The Code of Criminal Procedure (Excerpt) MCL 764.25-Body Cavity Search</p> <p>MDOC Prison Rape Elimination Act (PREA) Manual</p> <p>Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct involving Inmates</p> <p>Policy Directive 04.04.110 Search and Arrest in Correctional Facilities</p> <p>Training Personal Searches Instructor’s Module</p> <p>PD 04.06.184 Gender Dysphoria</p> <p>Interviews</p> |

PREA Posters

Training

Staffing Plan

CAJ-289 Strip Search Report

PD 05.01.140 Prisoner Placement Transfer

The MDOC policy directive PD 04.04.110 states that a strip search will be performed only by employees of the same sex as the inmate being searched. A strip search also will be performed only in the presence of employees of the same sex as the inmate 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 inmate being searched is not available. Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of inmates, including any exigent circumstances, conducted by security or medical staff has been conducted at MBP during the audit period

MDOC policy directives state that a body cavity search of an inmate 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 inmate being searched. However, all other persons who are present during the search will be of the same sex as the inmate. A written report of the search will be submitted as soon as possible and no later than the end of the shift after which the search was conducted. If an inmate's status is unknown, staff may determine through questioning of the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. If there is uncertainty as to a person's gender, the responsible officer will use best judgment as to how the person presents, as male or female, and will arrange for an officer of the specific gender to conduct the search. If the inmate objects based on gender, an officer of the inmate's preferred gender will conduct the search.

All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months and interviews with male inmates concluded they have not had any occurrences in where they were subjected to cross-gender viewing by staff during a strip search or visual search.

MBP certifies that security staff will be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner, which is the least intrusive. These searches will be consistent with security needs and should circumstances allow, staff should consult with a transgender or intersex inmate before conducting a search to determine the inmate's preference of the gender of the officer conducting the search. Routine strip searches or visual body cavity searches will occur in authorized areas and searches based on reasonable suspicion require the Warden's authorization.

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| | <p>Female correctional officers may frisk search inmates of both genders and policy notes that frisk searches may be conducted by female staff on male inmates. Strip searches are performed exclusively by staff of the same gender and includes a provision for transgender or intersex inmates who may prefer to be searched by a specific gender of staff. The facility provides training on LGBTI Frisk Searches, restraints, and use of scanning devices.</p> <p>The PAQ noted that 100% of staff have received training and rosters of Pre-service search training was provided. Auditor staff interviews indicated staff acknowledged receiving training during pre-service and annual service training sessions. The Auditor received training rosters identifying security staff’s completion of the required training and training modules provided were taken from the MBP “Search Training” lesson plan. Interviews with staff and inmate population confirmed the male inmate population is frisk searched by both male and female staff members.</p> <p>Posters were noted on housing unit doors that opposite gender staff must announce themselves when entering the housing unit and this practice was observed during the tour. Inmates acknowledged when a female staff entered the male housing units, the opposite gender announcement was made clearly and loudly by assigned housing unit officer or by staff entering the units. This practice was observed throughout the Auditor’s tour of housing units.</p> <p>Observation during the tour of the institution confirmed procedures were developed during the structural planning that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. The Auditor toured the facility and was granted access to all inmate housing units and inmate support areas. The Auditor observed shower and restroom areas throughout the facility and confirmed the inmates could shower and use the restroom without security staff of the opposite gender seeing them naked.</p> <p>An interview with the PREA Coordinator verified that applicable inmates identified as intersex or transgender would be reviewed and interviewed by the (Gender Dysphoria, Transgender, Transsexual, Intersex, Gender Non-Conforming) Accommodation Review Committee. Upon completion of the review, the meeting minutes are forwarded to the Central Office Gender Dysphoria Committee for further review and determination of inmates’ status.</p> <p>Conclusion: Based on the review of policies, documents, confirmation of completed search training, staff interviews, the Auditor determined the facility has demonstrated compliance with all the provisions of this standard.</p> |
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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> |

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates

MDOC Prison Rape Elimination Act (PREA) Manual

MDOC Memo (Vancro Inc) for MBP in-person Sign Language

Michigan Braille Transcribing Fund

Linguistic International Contract

Bi-Lingual Informed Consent Poster and Privacy Notice Sign

Interviews

MDOC Operating Procedures 03.03.140 takes appropriate steps to ensure that inmates 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. Facility policy is written in accordance with standard 115.16 and indicates that the PREA Coordinator is responsible for development and distribution of educational materials related to the education of inmates regarding the facility's zero-tolerance for sexual abuse and sexual harassment of inmates, how to report conduct or threats prohibited by this policy, and inmates' right to be free from retaliation for reporting or participating in a related investigation. Educational materials will include information on treatment, advocacy, and counseling services.

MDOC PREA manual states the facility will provide PREA inmate education in formats understandable by the entire inmate population and if needed, the facility will seek the assistance of Interpreters or inmate reader assistants (only in limited circumstances) where an extended delay in obtaining an effective interpreter could compromise the inmate's safety.

The facility provides a PREA specific brochure in Spanish, as well as publishing their Inmate Handbooks in Spanish and a sign language interpreting service is available. The PC confirmed that the facility takes significant steps to ensure that materials are provided in various formats to include multiple languages. Posters displaying PREA reporting information were observed posted in each housing unit in English and Spanish and privacy signs in Spanish and were observed during the audit tour. This Auditor reviewed Translation contracts to confirm the facility has an active interpretation services account to assist LEP inmates. Staff interviewed by the Auditor stated they understand that the use of an inmate interpreter for complaints of sexual abuse was only acceptable under circumstances where a delay could compromise an effective response.

In the past 12 months, there have been zero instances where inmate interpreters, readers, or other types of inmate assistants have been utilized to function as the informal interpreter at the facility. Every inmate assigned to the facility is provided a written copy of the Zero-Tolerance for Sexual Abuse and Sexual Harassment and

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| | <p>provided PREA education within three days of arriving at the facility. Inmates are required to sign the (Preventing Sexual Abuse and Assault Training) acknowledgement form as verification for receipt of the inmate handbook and PREA education.</p> <p>Conclusion: The Auditor conducted a review of the facility's policies, procedures, Inmate Handbook, Zero-Tolerance for Sexual Abuse and Sexual Harassment handout, interpretive services MOU, inmate records, and training records. The Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 02.06.111 Employment Screening</p> <p>MDOC PREA Manual</p> <p>Employee Handbook</p> <p>Employee Records</p> <p>Contractor Records</p> <p>Background Investigation Questionnaire</p> <p>Employment Application</p> <p>Employee Self-Assessment Form</p> <p>Interviews with Human Resource Supervisor</p> <p>Completed (PAQ)</p> <p>Policy Directive 02.06.111 states that the facility will not knowingly hire any new employee, promote, or enlist the services of any contractor who has contact with inmates and 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); Been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; Been civilly or administratively adjudicated to have engaged in the activity described above.</p> |

The policy directive requires that once every three years, criminal history checks will be processed through LEIN for all MDOC employees but does not exempt the MDOC from conducting a LEIN check at any time on an employee within the three-year period, if determined necessary. The three-year criminal history checks will be completed during the month of June and will be documented to 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 will be referred by the reviewing staff for investigation. Criminal history checks will be completed by the facility Human Resource department.

Contractors who have frequent contact with inmates at the facilities will have criminal history checks every two years through LEIN. Criminal background checks will also be conducted on facility volunteers and information discovered from a criminal background check that has not been previously reported or investigated, will be referred for investigation. The MBP does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard.

The Auditor reviewed facility staff employee files that included employment application packets with required PREA questions. The Michigan DOC requires that all applicants apply for positions online and if any of the PREA questions are confirmed with a "yes" by the applicant, the application process ceases, and the applicant is ineligible for employment. The employment application contains a statement that must be acknowledged by the applicant stating they understand that any false information provided could result in termination or prosecution. The facility Human Resource departmental staff conduct the initial background checks on applicants that are chosen to advance through the hiring process. Any instances of sexual harassment are used in determining whether to hire or promote or enlist the services of contractors who may have contact with inmates. Human resources staff stated that instances of sexual harassment would be a factor when making decisions concerning hiring or promotion. Each potential employee, volunteer, and contractor undergo a background check and is not offered employment if there is disqualifying information discovered.

Reference checks are performed at this level of the process and if the applicant has worked at another correctional facility, the facility will be contacted. The institution's HR department tracks the required background checks which are conducted at a minimum of every three years as part of the promotion process. In addition, any applicant applying for a promotion is required to answer the PREA questions regarding any PREA related cases in which they were implicated. These questions are required and documented for each employee during their annual performance review process. Contractors and volunteers are required to have background checks prior to having contact with inmates at the facility. The Auditor concluded that MBP is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff, enlisting the services of contractors, or promoting staff.

Conclusion: The Auditor conducted a review of the facility's policies, procedures, employee records, contractor records, Background Investigations, interviewed staff, and determined the facility meets the requirements of this standard.

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| 115.18 | Upgrades to facilities and technologies |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 1091 378">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p data-bbox="256 412 580 445">Asset Change Request</p> <p data-bbox="256 479 405 512">Interviews</p> <p data-bbox="256 546 448 580">Observations</p> <p data-bbox="256 613 1043 647">MDOC PREA Manual (Facility and Technology Upgrades)</p> <p data-bbox="256 680 1257 714">Physical Plant Divisional Manual-Upgrade to facilities and technologies</p> <p data-bbox="256 748 453 781">PD-04-03.100</p> <p data-bbox="256 815 1469 1084">MDOC policy states that 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 and the facility’s ability to protect inmates from sexual abuse, will be considered. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the ability to protect inmates from sexual abuse will be carefully reviewed.</p> <p data-bbox="256 1117 1458 1442">Through interviews with the facility PC, it was noted that the facility Physical Plant Supervisor and the PREA Coordinator would discuss any projects at the facility to ensure compliance with the PREA standards. There is currently no active project at MBP that includes the installation and upgrade of the facility video surveillance system. In addition, a Project Review and Approval form (ACR) is completed for each project at the facility. This form also requires approval/signatures from the Facility Physical Plant Supervisor and the Warden. It is also noted on the form if PREA consideration was considered during the approval process.</p> <p data-bbox="256 1476 1469 1800">The Warden and facility PC stated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, MBP considers how such technology may enhance their ability to protect inmates from sexual abuse. Facility staff are responsible for monitoring the cameras to ensure they are operational and to identify any areas that may need additional coverage. The facility utilizes Electronic Round Readers to ensure adequate management rounds of the facility by all levels of staff and are used to aid in the prevention of sexual abuse and sexual harassment.</p> <p data-bbox="256 1834 421 1868">Conclusion:</p> <p data-bbox="256 1901 1434 1991">Through the review of project documentation and interviews with staff, the Auditor determined that MBP meets the provisions of this standard.</p> |

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>Policy Directive 03.04.100 Health Services</p> <p>Michigan State Police Memo</p> <p>Basic Investigator Training Packet</p> <p>MDOC Crime Scene Management and Preservation (2015)</p> <p>CAJ-1020 Forensic Examination Form</p> <p>Training Record (Victim Advocates)</p> <p>Interviews</p> <p>Memo</p> <p>MDOC policy requires investigations of sexual abuse and sexual harassment will be completed by employees who have received specialized investigator training as outlined in the PREA Manual. All investigations will be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse and Sexual Harassment investigations portion of the PREA manual. MBP trained investigators conduct administrative investigations and allegations of sexual abuse and sexual harassment cases that appear criminal in nature are reported to the Michigan State Police (MSP) for investigation with oversight by MDOC Internal Affairs. Facility staff are required to preserve any crime scene until MSP staff arrive to collect or process physical evidence from the scene. The facility investigations will be coordinated with MSP to ensure the facility's efforts will not be an obstacle for prosecution and so the facility can remain informed of the status of the investigation. The facility's investigation will 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 facility investigators and determined that those staff responsible for administrative investigations have received appropriate training as required. Referrals to MSP will be documented in the facility's investigative report, to include PREA investigation worksheet(s) and computerized database entries.</p> <p>During interviews with facility medical staff and investigators, it was reported that the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. Inmates are transported to a hospital that is a SAFE/SANE provider. The facility's protocol is outlined in the PREA Manual and Crime Scene Management and Preservation Trainers Manual, demonstrates the procedures in place for preserving evidence and maintaining the integrity of a crime scene. These</p> |

procedures allow for the criminal investigative unit and Michigan State Police (MSP), to maximize the collection of available evidence at the crime scene. References include US Army Criminal Investigation Command and Michigan State Police Training Materials.

Michigan State Police and MDOC MOU dated September 30, 2015, states:(The Department of Michigan State Police (MSP) is a state agency responsible for investigating criminal allegations of sexual abuse in Michigan Department of Corrections (MDOC) prisons.) Interviews with the MBP inspector and PREA coordinator indicated that their investigation process is limited, and the Michigan State Police will conduct any criminal investigation if the case appears prosecutable. MDOC investigators are trained using Crime Scene management and Preservation training modules. The facility provided documentation of the training that investigative staff receive which included material reference and sources from the U.S. Department of Justice’s office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, PREA Audit Reporting, Michigan Department of Corrections Sexual Violence Response and Investigation Guide, and Crime Scene Management & Preservation.

The Auditor determined during staff interviews that security staff are aware of their responsibility to secure any potential crime scene and their duty to ensure inmates involved do not take actions that could destroy evidence. Crime Scene Management and Preservation training materials cover the necessary technical details to aid first responders in preserving available evidence and uniform evidence protocol. Youthful offenders are not housed at this facility however, staff are adequately prepared to address the needs of this population through training materials.

MDOC policy supports the requirements of the provisions, and protocols are in place to ensure an inmate is sent to a hospital for a SANE exam when sexual abuse allegations are made that support a referral. Facility investigators have completed certification training for evidence collection of crime scenes, above and beyond the specialized training required of investigators (certificates provided to the Auditor) therefore ensuring a uniform accurate evidence protocol is followed. State law and institutional policy support that a qualified advocate is made available and MDOC utilizes an internal employee that has received specialized training as a rape crisis advocate.

Conclusion: The Auditor determined that the facility meets the requirements of this standard.

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Inmates-PREA

Policy Directive 01.01.140 Internal Affairs

Michigan State Policy letter regarding criminal investigations

Internal Affairs Policy Directive 01.01.140

PREA Policy 03.03.140 Sexual Abuse Sexual Harassment of Inmates-PREA

Interviews

The MDOC OP is written in accordance with standard 115.22 and requires that an investigation is completed for all allegations of sexual abuse and harassment. Wardens will ensure that information related to allegations of inmate-on-inmate sexual abuse and sexual harassment, employee sexual abuse and sexual harassment, and employee overfamiliarity, are entered into the MDOC computerized database at their respective facilities and are promptly investigated. MDOC policy directives state that allegations are referred for a criminal investigation, if warranted. Each sexual abuse or sexual harassment investigation has a PREA Sexual Abuse or Sexual Harassment investigation worksheet completed, and cases reported verbally, in writing, anonymously, or from third parties, will be entered into the facility computerized investigation database. The Warden will refer sexual abuse allegations to the Internal Affairs Division as soon as possible, but no later than one business day after the report was made, in accordance with P.D. 01.01.140.

The facility PC, supervisors, and investigators work closely together to ensure that all allegations of sexual abuse and harassment are investigated promptly and if an inmate alleges a sexual assault or sexual harassment has taken place, supervisory staff will initiate a report. The supervisor will complete the First Responder checklist and complete the Request for Investigation (CAR-986) packet will be forwarded to the PC for review. The inspector coordinates with the PREA coordinator to determine the course of action and the PREA Analyst is notified. MDOC Internal Affairs has jurisdiction to investigate all allegations of employee and inmate misconduct. The Internal Affairs manager will review each allegation entered into AIM and determine if the investigation is to be completed by the facility or monitored by Internal Affairs. The Michigan State Police conduct criminal investigations for MBP and will make a referral for prosecutorial cases.

Upon completion of an investigation, a final review by Internal Affairs is not required unless the severity of the allegation has increased during the investigation, in which Internal Affairs will be immediately contacted. The completed investigative file, including all original documents and attachments, will be forwarded to Internal Affairs for review, closure processing, and storage. Upon completion of the Internal Affairs review, the appropriate worksite administrator will be provided with a copy of the official investigative packet. If the PREA case involves an inmate death, it is assigned

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| | <p>as an Internal Affairs monitored investigation and must be assigned to an Inspector or higher-level employee for investigation. The Auditor reviewed investigative files and observed multiple methods of reporting utilized. The MSP investigates criminal allegations involving staff as specified under the reviewed PD 01.01.140 and is monitored and coordinated by the Internal Affairs Division.</p> <p>Conclusion: The Auditor reviewed investigative files, conducted interviews, and observed daily assignments at the facility to determine compliance with provisions of this standard.</p> |
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| 115.31 | Employee training |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Training Records</p> <p>Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>MDOC Training Plan 2022</p> <p>PREA In-service report</p> <p>Staff Interviews</p> <p>MDOC policy requires that facility employees, student assistants, unpaid student interns, and contractors that work inside a correctional facility or field office, are required to successfully complete in service training in accordance with the requirements set forth in Policy Directive 02.05.101(In-Service training). In accordance with the PREA manual, MBP employees are required to complete PREA training at a minimum of every two years. However, MBP training is completed yearly to aid in fulfillment of annual training requirements and to ensure each employee remains current on MDOC policies and procedures regarding sexual abuse and harassment.</p> <p>Prior to the on-site audit visit, the Auditor received copies of the facility's PREA curriculum, training logs, staff certificates of completion, and training acknowledgement forms. They included topics referencing Zero-tolerance for sexual abuse and sexual harassment, definitions of sexual abuse and sexual harassment, staff duty to report, staff neglect and misconduct, anonymous allegations, how to</p> |

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| | <p>report and investigate allegations, supervision and monitoring, employee training, and Limits to cross gender viewing.</p> <p>The MBP does not house female inmates or youthful offenders. The agency training materials that were provided for review, adequately cover the dynamics of sexual abuse for male and female inmates as required by provision (b) of the standard. Additional training materials are provided to employees at facilities that house female inmates which include Collaborative Case Management for Women, What is Gender Responsive, and The Prison Rape Elimination Act policy. These training supplements are relevant for those working with female offenders on a regular basis, however, it is noted that female inmates are not housed at the MBP.</p> <p>The MBP provided ample documentation that was reviewed by the Auditor to verify that staff at the facility have completed the agency's computer-based training on Sexual abuse and Sexual harassment in Confinement settings. Employees are required to complete this training at a minimum of every two years as noted within the agency PREA Manual and is provided annually to aid in the fulfilment of training requirements. As part of the facility's pre-audit documentation, it provided records of all staff completing this training as part of its annual in-service training requirements. Training records and the agency training plans demonstrate compliance with provision (c) of the standard. Based upon an interview with the training coordinator, and documents reviewed, employees at MBP have completed the required training. The Auditor received copies of the facility's PREA curriculum, training logs, and training acknowledgement forms for review and the curriculum meets all requirements of the standard.</p> <p>Conclusion: The Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>Policy 03.02.105 Volunteer Services Program</p> <p>MDOC Correctional Facilities Administration (CFA)</p> |

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| | <p>PREA Training Progress Summary (Health Care and Mental Health)</p> <p>Interviews</p> <p>The MDOC Correctional Facilities Administration, (CFA), provides standardized training and orientation required for all new employees, contractors, vendors, construction workers, student interns, and volunteers who provide services at facilities. Vendors who require direct supervision or escorted by facility staff and are required to review the PREA training module. Training rosters and training files were reviewed to verify contracted employees and volunteers have received the required PREA training. Newly signed contractors and volunteers are given PREA training during their institutional orientation before assuming their duties to include signing a verification form as acknowledgment. Volunteers and contractors who may have contact with inmates, have been trained in facility's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Interviews with contract staff and volunteers verified that they were provided the employee PREA training module for MDOC employees. The training given provides information on conducting respectful interactions with transgender inmates, physical boundaries, and overfamiliarity. Interviews with contractors demonstrated their awareness of their responsibility to report incidences of sexual abuse and sexual harassment. The facility's PREA training curriculum for contractors and volunteers adequately addresses sexual abuse, sexual harassment, reporting, and response procedures.</p> <p>Conclusion: The Auditor concluded the facility adequately trains volunteers, contractors, and staff. The Auditor reviewed facility policies, procedures, training curriculum, acknowledgment forms, conducted interviews, and determined the facility meets the requirements of this standard.</p> |
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| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>Policy 04.01.105 Reception Facility Services</p> <p>Policy 04.01.140 Inmate Orientation</p> |

CAJ-1036 Inmate PREA Education Form/ and 72-hour form

Just Detention International (JDI) Post (English and Spanish)

Sexual Abuse Poster (English and Spanish)

Inmate Handbook (June 2014)

Privacy Signs (Bi-Lingual)

Interviews

The MDOC Operating Procedure is written in accordance with standard 115.33 which states all inmates will receive comprehensive PREA education during intake and upon transfer to another facility within 30 days of arrival. Within 72 hours of arrival, facility policy states an inmate will receive educational material on Zero-tolerance, reporting allegations, PREA coordinator contact, Outside reporting agency contact, victim advocate services, and emotional support services. In accordance with policy 04.01.140, inmates will receive orientation upon arrival at a MDOC facility and the Warden will develop and maintain an inmate orientation procedure.

During intake processing, inmates receive comprehensive information explaining the facility's Zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This information will be provided in writing and in video/CD/DVD format. Inmate PREA education includes Inmates' rights to be free from sexual abuse and sexual harassment and/or retaliation for reporting such incidents, available methods to report incidents, and facility policies and procedures for responding to such incidents. Inmates receive a brochure that covers the Zero-tolerance policy, definitions of sexual abuse/sexual harassment, retaliation, how to report sexual abuse, process required following a report, available services to victims, and sexual abuse avoidance.

The facility's policies address the requirements to train inmates during the intake process regarding the agency's Zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available resource services. Staff and inmates interviewed by the Auditor stated the PREA education is completed in the assigned housing unit for newly received inmates by the counselor or other unit management staff. During the intake processing, each counselor is required to complete a file review on each inmate to ensure documentation of PREA education material distributed. If documentation of this education is missing, the inmate is immediately scheduled for a remedial session. During the audit tour, the Auditor reviewed inmate files and requested inmate movement records to verify that education was provided in a timely manner. The agency and facility maintain documentation of inmate education through MDOC form CAJ-1036. As part of the facility's intake and receptions procedures, each inmate's file is reviewed, and verifies receipt of training within the file.

The facility utilizes outside vendors to provide PREA interpretative services for disabled or LEP inmates. The facility also maintains copies of PREA training materials,

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| | <p>PREA resource center’s “An End to Silence”, PREA publications, and the PREA standards are located in the facility law library. This Auditor reviewed training materials, the library inventory, and interpretation invoices.</p> <p>The agency publishes written PREA educational materials, PREA brochure, PREA posters, and Inmate Guidebook in English and Spanish. The PREA video “Taking Action” has been closed captioned for the deaf and hard of hearing population. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes. During a tour of the facility, "Zero-Tolerance" posters were visible throughout the housing units, common areas of the facility, and work locations. The Auditor observed the efforts of the facility to actively advertise and promote PREA resources throughout all areas of the facility.</p> <p>Conclusion: The Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>Basic Investigator Training Manual</p> <p>New Sergeant Training PowerPoint</p> <p>NIC PREA Online Training Program</p> <p>Basic Investigator Training Exception and Completion Report</p> <p>Interviews</p> <p>MDOC policy is written in accordance with standard 115.34 which states investigations of sexual abuse and sexual harassment will only be completed by employees who have received specialized investigator training. Investigations will be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations standards in the PREA manual. The policy states that facility investigators are required to receive specialized training to conduct sexual abuse investigations in confinement settings.</p> <p>The facility has a Basic Investigator training manual that provides additional</p> |

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| | <p>specialized training for facility investigators to assist in all areas of investigations to include administrative and criminal investigations. This investigative training course covers PREA topics that include Dynamics of sexual abuse within confinement settings, Interview techniques for victims of sexual abuse, Preservation of evidence, Employee rights, and Garrity and Miranda rights. The evidentiary standard of preponderance of evidence is noted within the training modules and informs participants on the requirements and procedures for referring potentially criminal acts for prosecution. The facility maintains computerized documentation of investigator training in the employee's training file.</p> <p>A review of training materials and training records for facility investigators demonstrates compliance with the standard. The facility provided documentation that was reviewed by the Auditor to verify employees had completed the Basic Investigator Training and NIC specialized investigator training.</p> <p>Conclusion: The Auditor concluded the facility has provided appropriate training to their facility Investigators. The Auditor conducted a review of policies, directives, training curriculum, PowerPoint Presentations, training records, investigative reports, and conducted interviews with institutional investigators. The Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.35 | Specialized training: Medical and mental health care |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>Policy Directive 02.05.101 In-service Training</p> <p>MDOC PREA Plan</p> <p>Basic Training Module</p> <p>PREA Health Care and Mental Health Training</p> <p>Interviews</p> <p>Staff Orientation</p> <p>Training and development</p> <p>Training Curriculum</p> <p>Completed Pre-Audit Questionnaire</p> |

Health Service Interviews

Behavioral Health Interviews

PREA Certificates

MDOC Operating Procedure requires that all staff members receive PREA training in accordance with standard 115.31. The policy requires that all part-time and full-time mental health and medical staff members receive additional specialized training. Facility employees that work inside a correctional facility or field office, and contractual employees are required to successfully complete in-service training in accordance with the requirements and the In-Service Training Plan.

The Auditor reviewed the facility training curriculum specific to medical and mental health staff and the materials covered in the Basic Training Module were relevant to the requirements of the standards. Health service training materials covered the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and sexual harassment, and facility reporting responsibilities for allegations of sexual abuse and sexual harassment. Facility employees, and contractual employees, are also required to successfully complete In-service training in accordance with the requirements set forth in this policy and the In-Service Training Plan.

The facility provides training to the medical and mental health staff to serve as qualified facility staff members, with respect to providing victim advocacy services in the event an individual needs such support. Medical and mental health practitioners with the facility receive training beyond the standard's minimal requirements and documentation of medical and mental health practitioners having completed the training modules related to their specific disciplines were reviewed by Auditor. Through formal and informal interviews during the audit tour, both medical and mental health staff confirmed that they have received computer-based training that explains the PREA standard's medical requirements.

Facility staff do not conduct forensic examinations at the facility and specialized forensic training is not provided. The facility provided documentation of medical and mental health practitioners' completion of PREA specialized training documentation from annual institutional training and electronic training records. The Auditor interviewed medical and mental health staff who were knowledgeable of the training provided to departmental staff. They confirmed having received the general and specialized training during part of their hiring protocol and annually during in-service training. A review of their training documentation verified the training has been provided and the participants understand the requirements of PREA notifications.

Conclusion: Based on the Auditor review of the facility's policies, procedures, inmate records, and interviews, the Auditor determined the facility meets the requirements of this standard.

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| 115.41 | Screening for risk of victimization and abusiveness |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Inmates</p> <p>Policy Directive 05.01.140 Inmate Placement and Transfer</p> <p>PREA Risk Assessments (CAJ-1023)</p> <p>OMNI Risk Assessment tool</p> <p>Staff Interviews</p> <p>PREA Assessment Spreadsheet</p> <p>30 Day Review</p> <p>MDOC Operating Procedure states that a transferred inmate will be screened within 72 hours of arrival at the receiving facility to identify any history of sexually aggressive behavior and to assess the inmate's risk of sexual victimization. Staff will complete the PREA Risk Assessments Worksheet (CAJ-1023) in accordance with the PREA Risk Assessment manual. The Auditor interviewed staff who explained the initial inmate intake process at the facility, and they verified that within 72 hours of admission, inmates are screened by the counselor for risk of sexual abuse victimization and the potential for predatory behavior.</p> <p>Policy states that all inmates will be assessed during the intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. The facility's computerized database Risk assessment tools are used to determine an inmate's risk. The assessment will be completed using information contained in the inmate's file and from computerized databases available to employees. Inmates will be interviewed and their refusal to answer or disclose information during the intake interview will be noted in the facility's computerized database and they will not be disciplined. The initial screening for risk of being sexually abusive considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. According to the PAQ and MDOC Operating Procedure, the PREA screening instrument includes all the required elements for screening.</p> <p>PD 05.01.140 requires all inmates to be screened for risk of sexual victimization or risk of sexual abuse of other inmates within 72 hours of their intake. During interviews with inmates, it was discovered there were inmates who had not been screened within 72 hours of their intake. Review of inmates' files reflected that initial screening within 72 hours, psychological screening, and reassessment within 30 days from date of arrival had not been performed in the required time frame. A table audit</p> |

was conducted and the inmates that required screenings were reassessed to reflect the correct time frames. The Regional PREA Analyst identified and corrected the processes for intake, screening and education and is manually tracking all required aspects of the process. Based on documentation reviewed, the compliance issue has been identified and was sufficiently corrected within 45 days of discovery.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information of an inmate's risk of sexual victimization or abusiveness. The PREA coordinator stated that a reassessment is completed any time there is an incident and based on a referral from a staff member. Auditor interviews with 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 reviewing staff's perception.

Within 30 days from the inmate's arrival at MBP medical staff reassess all inmate's risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening. Staff meet with inmates and document the reassessment and 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, inmates entering the facility either through intake or transfer within the past 12 months and whose length of stay was for 30 days or more, are 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.

Within thirty (30) days of intake at the facility, comprehensive PREA education will be provided to inmates by staff and means of video recordings regarding the inmates right to be free from sexual abuse and sexual harassment, free from retaliation for reporting such incidents, how to prevent sexual abuse and self-protection measures, treatment and counseling availability, policies, and procedures for responding to such incidents.

The facility provides inmate PREA education in formats accessible to those who are limited English proficient, deaf, visually impaired, disabled, and for inmates who have limited reading skills. Use of inmate interpreters for assistance of PREA education on aspects of the department's efforts to prevent, detect and respond to sexual abuse and sexual harassment will be prohibited except in circumstances where extended delays in obtaining an effective interpreter could compromise the inmate's safety. The facility will maintain documentation of participation in inmate education.

The Auditors interviewed staff members responsible for the screenings and they indicated that the risk screening is completed within 72 hours and any previous PREA risk assessments are reviewed. The screenings are completed and logged into the electronic records system. Interviews with staff, PREA coordinator, and counselors verified that risk assessments are performed within 72 hours of intake and are recorded by staff. The Auditor reviewed 30-day reassessment files relevant to target date completions.

Corrective Action: None

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| | <p>Conclusion: The Auditor conducted a review of policies, procedures, inmate records, made observations, interviewed staff and inmates to determine the facility meets the requirements of this standard.</p> |
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| 115.42 | Use of screening information |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>Policy Directive 05.01.140 Inmate Placement and Transfer</p> <p>Policy Directive 04.06.184 Gender Dysphoria</p> <p>OP 03.03.140 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>Criteria Worksheet</p> <p>MDOC PD 05.01.100</p> <p>Interviews</p> <p>Gender Identity Housing Request</p> <p>HRSA/HRSV record</p> <p>The Auditor reviewed inmate classification records that revealed facility staff make individualized considerations when determining housing, bed, work, and other assignments to ensure each inmate was housed safely in the facility. The Auditor noted that classification staff utilize information obtained from the risk screening form to assign housing, bed, and work assignments and ensure vulnerable inmates are protected. The counselor is responsible for submitting information in the facility's electronic records system, which identifies and prevents inmates at risk of sexual victimization from being placed in a work, program, or education assignment with those identified as potential sexual abusers. Counselors conduct the initial risk screening of inmates during the intake process and consider an inmate's own perceptions of their safety before making classification decisions. The facility screening tool includes sections for the counselor to document their own perceptions of the inmate.</p> <p>The Auditor conducted a formal interview with inmates who identified as LGBTQI, and</p> |

each confirmed they had not been housed in a unit that is designated for LGBTI inmates. The Auditor reviewed the facility's High Risk of Sexual Victimization and High Risk of Sexual Abusiveness (HRSV/HRSA) Log which confirmed the facility is keeping those identified as HRSA separated from those identified as HRSV through normal housing assignments. MDOC PD state inmates can shower, change clothes, and use the restroom without staff of the opposite gender seeing them fully naked and transgender or intersex inmates are allowed to shower separately from other inmates.

The facility uses a computerized assessment process to arrive at an inmate classification Risk Assessment determination and the results generated, are utilized to prevent housing of potential victims with potential abusers within the computerized bed assignment program. The Auditor was presented a copy of the facility count sheet that identifies housing assignments along with HRSV/HRSA inmates. The agency issued a memorandum prohibiting the pairing of identified/potential sexual abuse aggressors with sexual abuse victims in isolated work assignments or any work areas with blind spots that could enable an act of sexual abuse.

When determined that an inmate is at high risk for victimization or abusiveness, it is the responsibility of the staff member conducting the screening to document the information into the electronic system 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 assignment that has been determined as an area where there should not be sexual abuse victims and sexual abuse abusers working together. The facility implemented a new tracking system for HRSA and HRSV inmates during the audit in order to add an additional layer of prevention and protection for inmates. The Auditor observed facility programming and education areas staffed when classes were in session and were monitored by cameras.

MDOC Operating Procedure requires that the facility will consider housing for transgender or intersex inmates on a case-by-case basis 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 safety will be given serious consideration and that transgender or intersex inmates are given the opportunity to shower separately from other inmates.

The policy also 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 standard 115.42. Interviews with facility staff indicate that placement of any transgender or intersex offenders is made on a case-by-case determination. Facility policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year through the GID process to review any threats to safety and a transgender inmate's views with respect to his or her safety will be given serious

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| | <p>consideration.</p> <p>Medical staff is required to meet with transgender inmates bi-annually to ensure there have been no issues and assess the inmate’s perception of their safety. An inmate that identifies as transgender is monitored at the facility level by their counselor, RUM, PREA coordinator and mental health staff. The Auditor reviewed mental health clinical documentation with GID inmates and found that they are available to these inmates and are addressing their concerns.</p> <p>The Auditor reviewed documentation referencing inmates’ housing was based upon objective determinations and LGBTI inmates were not placed in resolute units. A review of the roster indicated that inmates identified as LGBTI inmates are in different units, buildings, and cells throughout the facility. MBP was not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender or intersex inmates.</p> <p>Conclusion: The Auditor conducted a review of policies, procedures, inmate records, made observations, interviewed staff and inmates to determine the facility meets the requirements of this standard.</p> |
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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 04.05.120 Segregation Standards</p> <p>MDOC PREA Plan</p> <p>Completed Pre-Audit Questionnaire (PAQ)</p> <p>HRSA/HRSV Report</p> <p>Staff interviews</p> <p>Executive Staff interviews</p> <p>MBP OP 04.05.120 Segregation Standards</p> <p>The MDOC PD 04.05.120 states that inmates at high risk for sexual victimization or who are alleged to have suffered sexual abuse will not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete,</p> |

and a determination has been made that no less restrictive means of separation from likely abusers exist. The review must be conducted immediately and if it is not, the inmate 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 inmate will be assigned to temporary segregation in accordance with PD 04.05.120, Segregation Standards, for a period not to ordinarily exceed 30 calendar days.

The Auditor was given documentation of the facility assessment and bed management system used to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. The Auditor observed during the tour and obtained information during interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered for the inmates housed at the facility.

During the Auditors' review of pre-audit materials, facility reports, and observations, it was determined there were no instances of inmates being placed into involuntary segregation for risk of victimization. The Warden stated in an interview that segregation is not used to protect inmates at high risk of sexual victimization unless it is the only means of keeping an individual safe. Such placement is limited to a very short period (less than 24 hours), before the inmate can be reviewed by the security housing committee for appropriate housing within the facility or transferred to another correctional institution.

MBP ensures that inmates maintain access to recreation, educational programming, and religious programming to the extent they are administratively feasible and can be safely accessed. In the event an inmate request is restricted, the facility is required to document the nature of the restrictions according to Policies and it was noted the facility has not placed any HRSV inmates in involuntary segregation. In accordance with facility policy, MBP does not place inmates who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. Facility policies are written in accordance with Standard 115.43 and address all mandated stipulations. According to the facility PAQ, there have not been any instances of inmates at risk for sexual victimization being placed in restrictive housing for the purpose of separating them from potential abusers. During Auditor interviews with staff who supervise inmates in restrictive housing, staff stated they were not aware of any inmate being placed in restrictive housing because of being a high risk for sexual victimization.

Staff are knowledgeable of the MDOC Policy and their responsibilities regarding Standard. Staff stated they would conduct an immediate assessment and review of available housing alternatives prior to placing inmates in Special Management housing. Staff must assess and document all available alternatives 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 indicated 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 the inmate requested the restrictive housing

placement. The PREA coordinator verified there have not been any inmates during the audit period placed in restrictive housing involuntarily to separate them from potential abusers. Staff indicated that there was sufficient space and housing units to find a suitable place for an inmates' temporary placement.

The agency and MBP have a computerized assessment and bed management system they utilize to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. Through document review and interviews with staff and inmates, the Auditor determined the facility takes adequate measures to ensure individualized safety needs are considered. The facility policy states that inmates placed in restrictive housing for involuntary protective purposes would be permitted programming, work, and educational programs to the extent possible. The policy stipulates that an involuntary housing assignment would not normally exceed 30 days and would be documented to include the justification for such placement.

According to the policy, if an inmate is confined involuntarily under these circumstances, the facility will review the continuing need for placement.

During the on-site portion of the audit, the Auditor reviewed the restrictive housing areas and had informal discussions with both inmates and staff. As verified by interviews with staff, there were no inmates who were involuntarily placed in restrictive housing.

Conclusion: The Auditor reviewed MDOC policies, Available Alternatives Assessment forms, Inmate Alert Report, made observations, interviewed staff and inmates. The Auditor determined the facility has demonstrated compliance and meets this standard.

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 05.03.118 Inmate Mail</p> <p>CAJ-1039 PREA Discharge Reporting Information</p> <p>Trifold-MDOC Identifying and Addressing Sexual Abuse and Sexual Harassment</p> <p>New Employee PREA Training</p> <p>Reporting Posters</p> <p>Interviews</p> |

Legislative Ombudsman MOU

MDOC Prisoner Guidebook

Civil Immigration Memo

MDOC policy states facilities must provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates, staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities which may have contributed to such incidents. During Auditor interviews with inmates and staff, it was determined that these options are well publicized to the inmates. The MDOC Operating Procedure designates multiple mechanisms for internal reporting of sexual abuse and harassment or retaliation for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. The MDOC PREA Plan states that inmates may privately report such incidents verbally, in writing, anonymously, or through third parties. Inmates can file reports through verbal and/or written reports to any staff member, Sexual Abuse Hotline, via third parties, or informing the Michigan Legislative Corrections Ombudsman.

When staff receive any report of sexual abuse or sexual harassment regardless of the source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for investigation. Inmates are provided the avenue to report sexual abuse or sexual harassment to the Michigan Legislative Corrections Ombudsman's Office. Upon receipt of a complaint, the Ombudsman's Office shall immediately forward the complaint in writing to the institutional PREA Coordinator Sexual Abuse/ Harassment Referral form. The agency permits PREA allegations to be reported verbally to staff, reported via message to the PREA hotline, in writing via grievance, in writing to the Correctional Legislative Ombudsman, via the kite system and correspondence directly to the Michigan State Police.

The Auditor interviewed staff and they stated they were aware of their obligations to accept reports from inmates and most inmates who were informally interviewed stated they were comfortable making a report to a staff member. Staff and inmates were aware of they had the option to make written reports through the various available means and the PREA hotline. The Auditor reviewed facility investigative reports and observed various avenues for inmate reporting. During the tour the Auditor observed adequate reporting PREA hotline posters prominently displayed throughout the facility.

Staff are afforded avenues to 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 PREA hotline number and staff members are informed of this provision during their annual PREA training. Staff interviews indicated they are aware they can go directly to facility executive staff, including the PREA coordinator, to report sexual abuse or harassment of inmates.

During inmate interviews, several inmates expressed that they would tell staff of abuse and knew of the PREA information on the bulletin boards in the housing units,

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| | <p>dining hall, and other shared areas. According to the Civil Immigration Memo, the agency does not house inmates for immigration purposes.</p> <p>Conclusion:</p> <p>The Auditor reviewed the facility's policies, procedures, Inmate handbook, investigative records, and conducted interviews. The Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>MBP Completed Pre-Audit Questionnaire (PAQ)</p> <p>Inmate Handbook</p> <p>Investigative Reports</p> <p>Observations</p> <p>PCM interview</p> <p>Inmate interviews</p> <p>Class Settlement Agreement</p> <p>MBP policy states that the MDOC has eliminated the administrative grievance procedure for addressing inmate grievances regarding sexual abuse. If inmates utilize the 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 review and distribution in accordance with this policy, and the sexual abuse grievance shall be removed from the grievance process. The inmate 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. The facility PC stated that all allegations, including ones submitted through the grievance process are immediately referred for investigation. The facility reports that Inmate PREA grievances are no longer used. This is verified by the PAQ and interview with the PREA Coordinator.</p> <p>Conclusion: Based on the review of policies, investigations, notification of the investigation findings, interviews and analysis, the facility has demonstrated compliance with all the provisions and meets this standard.</p> |

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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>Policy Directive 05.03.130 Inmate Telephone Use</p> <p>International Posters (English and Spanish)</p> <p>Inmate Guidebook</p> <p>Interviews</p> <p>JDI MOU</p> <p>The Auditor determined the agency and facility work collaboratively to establish relationships with outside support services. Just Detention International (JDI) has been the concurrent provider of supplemental victim advocate services to inmates at MBP. These services included referral to survivor outreach services and provide immediate emotional support services. Informational posters with information used by inmates to contact JDI was visible in the inmate housing units.</p> <p>The MDOC had established a MOU with JDI to institute a Statewide crisis sexual abuse support line for inmate survivors of sexual abuse and sexual harassment housed within the MDOC. JDI collaborates with the Michigan Coalition to End Domestic and Sexual Violence and the local Rape crisis centers, with the goal of building the capacity of Michigan service providers and ensuring that referrals made to MDOC inmates are as effective as possible. The Auditor observed availability of these resources on inmate bulletin boards within the inmate housing units. Inmates are made aware of confidentiality and which communications are monitored, and which lines are not. JDI signs posted in the inmate housing units stated that calls may be made anonymously and would not be monitored.</p> <p>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. Interviews with medical and mental health staff reveal they are aware of their obligations to inform the inmates of the limits of confidentiality by medical staff. The Auditors reviewed documentation that</p> |

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| | <p>verified this is being conveyed to the inmates. Inmates are informed of the services during intake and MBP provides inmates with information regarding confidential support services through the trifold PREA Brochure they are issued during orientation. Mailroom staff interviewed stated that outgoing mail is not opened or searched and there are no restrictions on inmates sending mail to external reporting entities, outside emotional support services, or legal mail.</p> <p>MBP has an MOU with Just Detention International (JDI) that stipulates they provide a Hotline phone service for confidential support services. The Auditor received a copy of the MOU and verified the agreement. A test call to the hotline was conducted to verify the authenticity and availability. During this review, there have been no inmates detained solely for civil or immigration purposes.</p> <p>Conclusion:</p> <p>Based on policy review, interviews, and correspondence review, the Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.54 | Third-party reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>MDOC Website Reporting</p> <p>Legislative Corrections Ombudsman MOU</p> <p>Just Detention International Posters (English and Spanish)</p> <p>MDOC PREA Public Website Reporting Requirements Sample</p> <p>Interviews</p> <p>MDOC Online Reporting</p> <p>The Auditor reviewed OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates. The policy stated that inmates may report allegations of conducted prohibited. Threats of such conduct and retaliation for reporting such conduct can be reported verbally, writing to any facility staff member, Sexual Abuse Hotline, Legislative Corrections Ombudsman, or through 3rd-parties.</p> <p>Third parties can use the MDOC’s website to report PREA allegations electronically on behalf of inmates. The facility also responded positively in the questionnaire that the agency publicly distributes information on how to report inmate sexual abuse or</p> |

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| | <p>sexual harassment on behalf of inmates. The MBP policies reviewed indicated that third parties, inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in reporting on their behalf. The policy references that third parties can report PREA allegations on behalf of inmates by contacting the facility, using the PREA hotline, reporting online through the MDOC's public website, or writing to the Ombudsman. During the onsite phase of the audit, the audit team observed PREA posters displayed throughout the facility with reporting information for inmates, staff, or the public. They can report PREA allegations through the PREA Hotline and online at www.michigan.gov/corrections. The website states that all allegations of sexual abuse should be reported and will be investigated.</p> <p>Conclusion:</p> <p>The Auditor reviewed materials, policies and made observations during the facility tour and determined the facility meets all requirements for the standard.</p> |
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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>Special Investigative Unit</p> <p>MDOC Prison Rape Elimination Act Manual</p> <p>Medical Screenings, Classification, and Levels of Care</p> <p>Inmate Services Investigative Records</p> <p>Training Curriculum</p> <p>Training Records</p> <p>Staff Interviews</p> <p>Inmate interviews</p> <p>Employee Handbook</p> <p>MDOC policy directives require confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting,</p> |

treatment, or investigation. Policy states that reasonable steps will be taken to maintain the confidentiality of information obtained during the risk assessment process. Staff interviewed as part of an investigation will be instructed not to discuss the investigation with other staff. Staff that intentionally compromise the confidentiality of the investigation will be subject to discipline in accordance with PD 02.03.100 "Employee Discipline." This does not prevent staff from discussing such matters with their attorneys or in accordance with Civil Service Commission rules and regulations, or applicable collective bargaining unit agreements. This also does not prevent inmates from discussing such matters with their attorneys, to seek treatment, or to ensure their own safety. The PREA coordinator will share with the Warden and his/her supervisors, all allegations received of prohibited conduct.

MBP policy requires that staff report sexual abuse and sexual harassment immediately to a supervisor or staff member of a higher rank. Once the sexual abuse is reported, staff are required by policy not to discuss the allegation with others unless those staff are investigating, making security decisions, or providing services to the inmate victim. During the staff interviews, the Auditor determined staff understood their responsibility to report any suspicions regarding sexual abuse or sexual harassment of inmates.

The Auditor reviewed the facility training curriculum for staff, volunteers and contractors which included topics on how to report sexual abuse and sexual harassment allegations. Staff members are required to review the facility's PREA policies on an annual basis. The Auditor verified PREA training records of staff, contractors, and volunteers. Documentation provided verified staff had received PREA training and reviewed the policies on how to report serious or unusual information.

Per the PREA manual, only acceptable disclosures are relative to investigative, treatment, security, and management decisions. Staff understand the need to keep this information limited to those that need to know in order to preserve the integrity of the investigation. Staff interviewed stated that any details related to either inmate allegations or staff allegations should remain confidential, and they would only discuss details with supervisors and investigators. The PREA coordinator and inspector verified that all investigative files are maintained in a secure area with limited access to authorized personnel only. The policy states staff, volunteers, and contractors must immediately report to their supervisor or the OIC, any knowledge or suspicion of sexual abuse or sexual harassment and if applicable, an incident report will be submitted. Apart from reporting to designated supervisors or officials, staff must not relay any information related to a sexual abuse report to anyone other than to the extent necessary as specified in Operating Procedures.

In accordance with PD 03.03.140 "Prohibited Sexual Conduct Involving Inmates" and Employee handbook, staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs involving an inmate under the jurisdiction of the agency. These reports will also include third party and anonymous complaints.

Policy requires that all medical and mental health personnel inform inmates of their mandatory reporting requirements and limits of confidentiality to victims of sexual

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| | <p>abuse. The PREA manual and facility policy requires medical and mental health staff to report any knowledge of sexual abuse within an institutional setting and employees are required to disclose their duty to report. Medical and mental health providers were able to describe to the Auditor, their limits to confidentiality and how they provide that information to inmates at the beginning of any medical or mental health session.</p> <p>Conclusion: It was determined through review of policies, interviews with medical staff, and mental health practitioners, that the facility meets the provisions for the standard.</p> |
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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 05.01.140 Inmate Placement and Transfer</p> <p>Investigative records</p> <p>Interviews</p> <p>MDOC Operating Procedure is written in compliance with standard 115.62 and requires whenever there is a report of sexual abuse or harassment, the victim should be immediately protected. The Auditor reviewed the MDOC PREA manual which states that when an inmate is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility will take immediate action to protect the inmate by ensuring no contact between the alleged abuser and the alleged victim. Such actions can include housing changes, temporary segregation, reassignment, and transfers that must be documented, including the time between report and when the action was taken.</p> <p>Staff interviewed by the Auditor were able to answer questions regarding immediate actions required if made aware of the imminent risk of sexual abuse of an inmate. Management staff interviewed by the Auditor were knowledgeable of the options available to protect inmates if these circumstances were to arise at their facility. Options available to the facility include relocating the inmate to a different housing unit at the facility or transferring the inmate to another MDOC facility and these decisions would be determined on a case-by-case basis and with the best interest of the inmate in mind. The Warden is required to review sexual abuse or harassment incidents within 48 hours of notification to ensure appropriate measures have been</p> |

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| | <p>taken to protect potential victims.</p> <p>The facility requires medical and mental health staff to immediately meet with the Warden and recommend housing interventions or other immediate actions to protect the inmate when determined the inmate is subject to a substantial risk. If during an assessment, medical staff determine that an inmate is at risk of imminent sexual abuse or is considered at risk sexual victimization, they will collaborate closely with the Warden and RUM to provide alternative housing placement. The MBP PAQ states there have been no determinations made that an inmate was at substantial risk of imminent sexual abuse.</p> <p>Conclusion: The Auditor reviewed agency policy, procedures, investigative records, conducted interviews, made observations, and determined the facility meets the requirements of this standard.</p> |
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| 115.63 Reporting to other confinement facilities | |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>MDOC PREA Manual</p> <p>Interviews</p> <p>Memo</p> <p>CAJ-1019 forms</p> <p>MDOC's policy is written in accordance with PREA standard 115.63 and requires the Warden to take immediate action if they receive an allegation regarding an incident of sexual abuse that occurred at another facility. The Warden must make notification within 72 hours to the facility of the alleged incident. The standard states that if an inmate alleges, they were sexually abused while confined at a different facility, including, but not limited to county jails, state prison, federal prison, or substance abuse program facility, staff will forward the allegation to the Warden or Administrator at the inmate's current facility. Whether or not the inmate indicates the allegation was investigated, the Warden or Administrator will provide email notification immediately, but no later than 72 hours, to the Warden or Administrator of the other facility where the incident was alleged to have occurred.</p> |

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| | <p>When a PREA allegation is received by any MDOC office or location other than a correctional facility, it is reported using the MDOC Online PREA Reporting Form located on the MDOC PREA website. This includes any allegation received regarding sexual abuse and sexual harassment at a county jail, state, federal prison, MDOC facility, or a juvenile detention facility. Documents related to the allegation must be scanned and e-mailed to the PREA coordinator for review.</p> <p>The Auditor conducted interviews with MBP staff referencing actions they would take if an inmate alleged to have been sexually abused while confined at another facility. Staff members interviewed stated they would immediately report the allegation to their supervisor and submit an Incident Report that included the details of the allegation as reported to them. Facility supervisors stated they would immediately notify the facility inspector after receiving such information from a staff member.</p> <p>MBP reported receiving no notifications from an inmate alleging sexual abuse while incarcerated at another facility that needed to be reported. The Warden and PREA coordinator stated that if they receive such a notice, they will immediately report the allegation to the Warden or Administrator of the other facility and document the incident. The Warden stated that if an inmate alleges suffering sexual abuse at another facility is received, they will telephone and email the Warden at the inmate's prior facility to complete the notification process. The Warden stated they would ensure the MBP facility inspector is notified, and an investigation would immediately be conducted.</p> <p>Conclusion:</p> <p>Compliance with this standard was verified by reviewing policy, and interviews with investigators, PREA compliance coordinator, and Warden. The Auditor determined that MBP meets the requirements for this standard.</p> |
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| 115.64 | Staff first responder duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Basic Investigator Training</p> <p>MDOC Sexual Violence Response Investigation Guide</p> <p>PREA Course for All Employees</p> <p>Interviews</p> |

Staff Training Records

The Auditor conducted interviews with supervisory staff to determine what their role would be following a report of sexual assault. Supervisors stated that they would ensure the alleged victim and alleged abuser were removed from the area where the incident occurred and were kept separated in the facility. The area of the incident would be secured, and a staff would be assigned to the area to prevent anyone from entering and disturbing the evidence. The alleged victim would be taken to the medical department for treatment of any emergent needs and transported to the local hospital for a forensic exam if needed. Staff interviewed who had functioned as first responders to an incident stated during interviews, they were aware of their responsibility regarding their duties and would document actions taken. A review of investigation files supported that staff acted appropriately when responding to allegations of sexual abuse and took appropriate steps to separate the alleged victim from alleged abuser, preserve the crime scene, protect evidence, document, and report.

MDOC Policy requires that if the first responder is not a security staff member, they immediately notify a security staff member of a sexual abuse incident. The Auditor conducted interviews with non-security personnel and asked what actions they would take following an alleged sexual abuse that is reported to them. Staff stated they would ensure the victim remains with them and immediately inform an officer or supervisor. Medical personnel interviewed stated they would first ensure a victim's emergency medical needs are met and would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the Auditor they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse and the victim would be transported off-site for a forensic exam, if needed.

The Auditor reviewed the facility's training records and verified that sexual abuse training had been conducted and was documented. Staff, contractors, and volunteers training records reviewed by the Auditor, established verification they had received training to appropriately respond to incidents of sexual abuse. The Auditor conducted interviews with non-security first responders and medical staff referencing training facilitated by the facility in response to incidents of sexual abuse. Non security staff understood their responsibility to protect the inmate and preserve the evidence. Medical staff stated they would attempt to preserve any evidence while treating the victim and present physical evidence to the investigator. The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed as part of this onsite audit visit were knowledgeable in their responsibilities as a first responder to an allegation of sexual abuse or sexual harassment.

Conclusion: The Auditor reviewed facility policies, procedures, Coordinated Response Plan, Sexual Assault Response Checklist, investigative reports, interviewed staff, and determined the facility meets the requirements of this standard.

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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Operating Procedure (DRF-03.03.140) Prohibited Sexual Conduct Involving Inmates</p> <p>MDOC PREA Manual</p> <p>Interviews</p> <p>Incident Review</p> <p>The MDOC policy requires each facility to 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. Policy 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 operating procedures and outlines staff duties in response to a sexual assault incident. Per the MDOC PREA Manual, each correctional facility will include in their operating procedures an institutional plan to coordinate actions taken in response to an allegation of sexual abuse. The plan includes the following institutional staff:</p> <ol style="list-style-type: none"> 1. Staff, Volunteer, and Contractor Responsibilities 2. First Responder (Security/Non-Security) 3. Watch Commander 4. Medical Response 5. Investigator 6. Mental Health 7. PREA Compliance Coordinator 6. Administrative Response <p>The Auditor conducted interviews with staff listed in the agency's Coordinated Response Plan and asked questions related to their specific duties in response to a sexual abuse incident. The staff interviewed were knowledgeable regarding their specific duties as required. The Auditor determined facility staff, volunteers, and</p> |

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| | <p>contractors have been appropriately trained in their responsibilities to respond to an allegation of sexual abuse. The Auditor verified that facility personnel, volunteers, and contractors had received appropriate PREA training.</p> <p>The Auditor interviewed the Warden, inspector, medical staff, mental health staff, and PREA coordinator regarding the initiation of the coordinated response after an allegation of sexual abuse or harassment. They all understood their responsibilities and stated that all investigations are completed, and a finding is assigned. They stated that it may be referred for criminal prosecution or managed administratively and could require medical and mental health services or monitoring for retaliation and that a notice to the inmate victim disclosing the outcome of the case, would be delivered. The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained its personnel to follow the plan.</p> <p>Conclusion: The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and provided training. Based on a review of facility's policies, procedures, Coordinated Response Plan, Sexual Assault Response Checklist, training records, and interviews with staff and inmates, the Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>AFSCME CBA- 2022-2024</p> <p>MDOC PREA Manual</p> <p>MSEA Collective Bargaining Agreement 2022-2024</p> <p>SEIU 517M HSS 2022-2024</p> <p>SEIU 517M SE 2022-2024</p> <p>SEIU 517M Tech CBA 2022-2024</p> <p>UAW CBA 2022-2024</p> <p>Staff Interviews</p> |

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| | <p>AFSCME CBA</p> <p>MCO CBA</p> <p>A review of the seven collective bargaining agreements entered 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 agency to remove alleged staff abusers from contact with inmates, consistent with provisions of the standard. Specifically, when warranted, the agency may take actions that include suspension of an employee during an investigation and this suspension may continue until disciplinary actions are determined. There are no terms within the bargaining contracts that prevent the facility from removing staff for cause during an investigation. The Agency Head confirmed that the facility maintains the right to assign staff.</p> <p>This Auditor was satisfied that all agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates. When warranted, the employer may take actions that include suspension of an employee during an investigation. This suspension may continue until the time when disciplinary actions are determined. There are no terms within the bargaining contracts that prevent the employer from removing staff for cause during an investigation.</p> <p>Conclusion: The Auditor finds MBP compliant with this standard and meets the requirements.</p> |
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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>PD 03.03.140 Prohibited Sexual Conduct Involving Inmates (PREA)</p> |

MDOC PREA Manual

CAJ-1022 PREA Sexual Abuse Retaliation Monitoring form

Interviews

The facility has implemented protection and reporting measures to protect staff and inmates from retaliation. Policy outlines the protection measures available and requires the prompt re-mediation of any type of retaliation. Any use of involuntary segregated housing for an inmate who alleged suffering sexual abuse will only be used after an assessment determines justification. The retaliation monitoring form requires the investigator to document the action after making a status check on the inmate and the staff member assigned as retaliation monitor, documents any specific actions or comments in the comments section on the retaliation monitoring form.

MBP policy is written in accordance with standard 115.67 and states retaliation by or against any party, staff or inmate, who participates in a complaint or report of sexual abuse or sexual harassment, will be strictly prohibited. Agency policy and the MDOC PREA Manual states that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations will be protected from retaliation from staff and inmates. The facility designates a Supervisory staff member, other than the employee's direct supervisor, to monitor the incident. The Retaliation Monitor will review performance reviews, reassignments, and other retaliatory actions not substantiated as legitimate discipline or performance based. Supervisory staff will also monitor disciplinary sanctions, housing/program changes, and conduct periodic status checks for inmates who report or have reported alleged victimization.

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. Both staff and inmates who cooperate with sexual abuse and sexual harassment investigations will be protected from retaliation from staff and inmates.

Retaliation will be grounds for disciplinary action and will be investigated. Per the PREA Manual, if any individual who cooperates with an investigation expresses a fear of retaliation, the facility will take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary and retaliation monitoring ceases when an allegation is unfounded.

Staff stated the PREA Compliance coordinator monitors retaliation for up to 90 days and retaliation may be monitored beyond 90 days, if warranted. In a case of staff member involvement, the staff member would be separated from the inmate and may receive disciplinary action commensurate with the type of behavior taken. If an inmate retaliates against another inmate, they would be kept separated from one another through the use of housing assignments. Other options to protect against retaliation may include protective custody, housing reassignments, or transfer to another facility.

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| | <p>PREA Sexual Abuse Retaliation Monitoring forms (CAJ-1022) provided verification of retaliation monitoring occurred for staff and inmates according to policy and procedure guidelines. Additionally, interviews with staff that conduct retaliation monitoring verified the comprehensive review was conducted for each week of monitoring, or until the allegation was unfounded. Staff stated that evidence of retaliation would be reported to the Inspector for investigation. Supervisory staff will monitor disciplinary sanctions, housing/programming changes, and also conduct periodic status checks.</p> <p>The Auditor conducted a formal interview with the staff member responsible for monitoring retaliation and their duties as Retaliation Monitor. They are responsible for the review of disciplinary charges, Incident Reports, actions related to the inmate, documents maintained in the inmate’s file, and inmates’ electronic file. They monitor any changes, including housing, programming, and work assignments. The retaliation monitor will make referrals to medical and mental health and conduct status checks which are documented on the Sexual Abuse Retaliation Monitoring Form (CAJ-1022). In the event the inmate cannot be protected at the facility, the staff can and will recommend a transfer.</p> <p>Administrative staff have the authority to move inmates within the facility or to request transfers to other facilities or take any measure necessary to ensure inmates are not retaliated against. Inmates are not held in the SHU unless requested by the inmate and the Auditor verified the facility has multiple housing units where inmates can be placed.</p> <p>The Auditor 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.</p> <p>Conclusion: The Auditor reviewed documents and determined the facility is compliant with this standard.</p> |
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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PD 04.05.120 PREA Segregation Standards</p> <p>MDOC PREA Manual</p> <p>Interviews</p> |

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| | <p>The MDOC's policy is written in accordance with standard 115.68 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.</p> <p>The Auditor determined by reviewing facility reports, interviews with the Warden and PREA Coordinator, and observations, that there have not been any inmates placed into involuntary segregation due to risk of victimization in the 12 months preceding this audit. The facility PREA coordinator stated that MBP had not placed any inmate in protective housing due to being at high risk for sexual victimization during the past 12 months and MBP will not use segregation housing as a protective measure for a victim at high risk of sexual victimization unless requested by the inmate. This was confirmed during interviews with the Warden, facility PREA Compliance Coordinator, and a review of investigative files. Interviews with supervisory staff, PREA coordinator, RUM, counselors, and classification staff, confirmed knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim's allegation of abuse.</p> <p>The facility has a policy prohibiting 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 there is no available alternative means of separation from likely abusers. The Auditor reviewed MBP restrictive housing areas and through informal discussions with staff, the Auditor determined that inmates were not assigned to restrictive housing because of their sexual vulnerability. Staff indicated that if an inmate made an allegation and were to be held in restrictive housing, it would be briefly until other housing was arranged or the initial investigation was complete. There were no instances where protective custody or restrictive housing was used at this facility and none of the inmates interviewed by the Auditor had been placed in restrictive housing for their protection from sexual abuse at MBP.</p> <p>Conclusion: Compliance was confirmed by review of policy, interviews, documentation review, and observations. The Auditor determined the facility meets this standard.</p> |
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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Policy, Materials, Interviews and Other Evidence Reviewed: |

Policy Directive 03.03.140 Sexual Abuse and Harassment of Inmates

Policy Directive 01.01.140 Internal Affairs

MBP Operating Procedure -03.03.140 Prohibited Sexual conduct

MDOC Sexual Violence Response and Investigation Guide

Interviews

The MDOC Operating Procedure is written in accordance with standard 115.71 and states that all investigations into allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly, and objectively, including third party and anonymous reports. The policy states that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, it will be investigated immediately. Staff will ensure all allegations are referred to the appropriate law enforcement agency in accordance with policy. Referrals to law enforcement will be documented in the facility's investigative report, PREA investigation, and electronic database.

The Warden will refer the allegation no later than 72 hours after the report is made to the Internal Affairs Division, by creating an (AIM) entry for each alleged incident. MBP conducts investigations 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, an assigned investigator will complete a PREA Sexual Abuse investigation form and for each sexual harassment allegation, a Sexual Harassment Investigation form will be completed. Staff will ensure allegations of criminal nature are referred to the appropriate law enforcement agency and Michigan State Police in accordance with policy and documented.

The MBP facility inspector stated during interviews with the Auditor, that investigations are required to be initiated within 72 hours of being reported and common facility practice is no less than 24 hours. All reports of sexual abuse and sexual harassment allegations, including anonymous or third-party reports are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made.

MDOC policy requires administrative investigations to include efforts to determine whether staff actions or failure to act, contributed to sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, credibility assessments, and investigative facts/findings. Credibility assessments are conducted as part of the investigative process by the institutional investigators, and the assessments are conducted on all involved parties in the investigation. Every investigation goes through levels of review to ensure thoroughness and accuracy of the investigation. The facility is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by MBP, plus an additional 5 years in accordance with MDOC policy. Policy

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| | <p>prohibits the termination of an investigation if an inmate is released, or a staff member is terminated or resigns from their position of employment.</p> <p>This Auditor reviewed investigation files and verified the facility properly identified and interviewed applicable witnesses, reviewed video surveillance, and retained physical evidence. An interview with a facility investigator confirmed all parties involved in the allegation are interviewed in-person. The Auditor verified that inmate interviews are video/audio recorded, electronic data is securely maintained, and the investigative files are kept in a locked area with limited staff access.</p> <p>Conclusion: The Auditor reviewed policy, investigative reports, investigators credentials, and interviewed investigators, and Warden. The Auditor determined the facility meets requirements for this standard.</p> |
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| 115.72 | Evidentiary standard for administrative investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>MDOC PREA Manual</p> <p>Basic Investigator Training Manual</p> <p>Investigation Reports</p> <p>Interviews</p> <p>The MDOC's policy is in compliance with the requirements of standard 115.72 that imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PREA manual and Basic Investigator training manual states that MDOC imposes no standard higher than preponderance of the evidence in making determinations and facility investigators are required to complete the training.</p> <p>Interviews with the facility inspector and the PREA coordinator confirmed that staff responsible for administrative adjudication of investigations are knowledgeable of the requirements for the evidentiary standard. The investigators were able to articulate what preponderance meant and how they arrive at the basis for case determinations. The Auditor reviewed examples of both substantiated and unsubstantiated allegations, including the basis for the determinations which verified the investigations are being conducted in accordance with the standard.</p> |

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| | <p>The PREA manual and the Basic Investigator Training manual specify that the facility's standard of proof is to be the preponderance of the evidence. Investigators could articulate their knowledge of the evidentiary standard in investigations. Through a review of investigations, there appears to be sufficient application of this standard to find compliance.</p> <p>Conclusion: Based on policy review, investigative file review, and interviews, the Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.73 | Reporting to inmates |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>MDOC PREA Manual</p> <p>Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates Memo</p> <p>Operating Procedure (DRF-03.03.140) Prohibited Sexual Conduct Involving Inmates CAJ-1021 Inmate Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action</p> <p>MBP PREA Annual Report</p> <p>Interviews</p> <p>Affirmation of Completion Letter</p> <p>PREA Investigation Tracker form 2023</p> <p>The MDOC Operating Procedure is written in accordance with standard 115.73 which requires an inmate to 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 an allegation investigation that an inmate suffered sexual abuse in a facility, the Warden will notify the victim in writing as to whether the allegation has been Substantiated, Unsubstantiated/Insufficient Evidence, or Unfounded. Following an allegation that a</p> |

staff member committed sexual abuse against an inmate, the facility conducting the investigation will inform the inmate of the case determination and such notifications will be documented using the appropriate form. If notification is unable to be provided, the attempts will be documented as well as the rationale for the inability to notify and a copy of the form will be maintained. The facility's obligation to provide notification as outlined in this section will terminate if the inmate is paroled, discharged from his/her sentence, or pardoned.

MBP provided examples of Inmate Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action form (CAJ-1021). The form verified that inmates are notified regarding the following: Investigative Findings, Sufficient Evidence Findings-Staff Suspect (Disciplinary Action, No longer assigned to housing unit, no longer employed at the incident location, indicted on a charge related to the allegation, and convicted on a charge related to the allegation. Document reviews and interviews with the PREA coordinator, administrative staff, investigators, and inmates that reported sexual abuse, verified that inmates are receiving notifications as required by policy.

The Auditor reviewed completed CAJ-1021 notification forms located in investigative reports that had been filed timely. The PREA manual specifies that the obligation to notify an inmate of investigatory results terminates if the inmate is discharged from the facility's custody. Prosecutable criminal investigations are conducted by MSP in conjunction with the facility administrative investigations and the Investigator is the liaison between the two entities. MSP communicates with the facility and will forward any relevant updates relating to criminal charges or convictions. When MSP conducts an investigation, the facility requests necessary information to provide a finding to the alleged victim consistent with the standard.

Conclusion: Interviews with the PREA Coordinator, administrative staff, inspector and inmates that reported sexual abuse, confirmed timely notifications are being made. The Auditor determined the facility meets compliance with the standard.

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Policy, Materials, Interviews and Other Evidence Reviewed: Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates Policy Directive 03.03.130 Humane Treatment and Living Conditions for Inmates |

Policy Directive 02.03.100 Employee Discipline

MDOC Employee Handbook

Interviews

MCL 750.520c Penal Code

MDOC PREA policies were reviewed and are in compliance with the requirements of standard 115.76. Staff are subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. MDOC policy requires staff found responsible for sexual abuse of an inmate will be terminated from employment. Employees who are found to have violated facility policy related to sexual abuse and harassment, but not actually engaging in sexual abuse will be disciplined in a manner commensurate with the nature and circumstances or previous disciplinary history comparable to other offenses by 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. The PREA manual and staff sanctioning matrix in policy 02.03.100A states 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.

MBP Policy Directive 03.03.140 indicates that termination is the presumptive action for those employees that are found to have a substantiated case of sexual abuse against them. Sexual abuse cases will be referred for criminal prosecution and will be reported to relevant licensing bodies. Additionally, disciplinary sanctions will take into consideration the staff member's disciplinary history, sanctions imposed for similar offenses by other staff, and nature of the acts committed. The Auditor interviewed the Warden regarding the facility's staff disciplinary policy. It was determined 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 inspector and PREA coordinator verified that if an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that the resignation 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 Auditor observed the facility's policy which included a provision to notify law enforcement agencies of criminal violations of sexual abuse. The policy also requires the PREA coordinator notify relevant licensing bodies. The Auditor discussed the requirement for the facility to notify law enforcement and relevant licensing bodies with the facility's Warden who understood the requirement. The Auditor determined the facility has appropriate policies and practices in place to ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The facility makes termination the presumptive discipline measure for engaging in acts of sexual violence. The facility reports violations of sexual abuse to the local law

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| | <p>enforcement and relevant licensing bodies.</p> <p>Conclusion:</p> <p>Interview with the Warden, Inspector, and the PREA Coordinator support that all allegations against staff for sexual abuse, sexual harassment, retaliation, or neglect are investigated and disciplinary action sanctioned. The Auditor determined the facility meets compliance with the standard.</p> |
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| 115.77 Corrective action for contractors and volunteers | |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>MDOC PREA Manual</p> <p>Memo-Investigation of Contractual Employees</p> <p>Interviews</p> <p>MBP policy states both contractors and volunteers are held to the same standards as employees directly hired by the facility in reference to disciplinary action for engaging in sexual abuse and sexual harassment of inmates. Any contractor or volunteer engaging in these types of behaviors would be terminated or prohibited from entering a MDOC facility. The PREA manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of the facility sexual abuse and sexual harassment policies. The PREA manual requires reporting of such conduct to law enforcement and relevant licensing bodies.</p> <p>Contractual Employees memo dated December 27, 2016, from the manager of Internal Affairs states that all allegations of employee misconduct, including misconduct involving contractual employees, must be entered into AIM and an appropriate investigation conducted. The contracting facility may perform a separate investigation and terminate the employee. Whether a contractual employee should remain at a particular facility will be determined by the Warden at that facility and will vary depending on the severity of the alleged misconduct. Once an investigation is initiated involving a contractual employee, the contract monitor will be notified by</p> |

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| | <p>Internal Affairs and 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.</p> <p>The contractual employee is responsible for obtaining his/her representative and that person cannot be a MDOC employee. Investigations will be completed in accordance with Policy Directive 01.01.140 (Internal Affairs) as an IA monitored investigation unless otherwise assigned by Internal Affairs. All completed investigations regarding contractual employees will be forwarded to Internal Affairs for final review and closure and IA will notify the contract monitor with the results of the investigation. In certain 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 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 will be provided with a copy of the investigation report by Internal Affairs.</p> <p>An interview with the Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from inmate contact or the facility depending on substantiation of the allegations. 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.</p> <p>Conclusion: The Auditor reviewed documentation, policy, interviewed staff, and determined the standard meets compliance.</p> |
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| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>Policy Directive 03.03.105 Inmate Discipline</p> <p>MDOC PREA Manual</p> |

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| | <p>Interviews</p> <p>The MDOC policy has zero tolerance for inmate-on-inmate sexual harassment, assault, or abuse. Policy Directive 03.03.140 states that consensual sexual activity among inmates is prohibited and if an inmate is found to have engaged in sexual activity, the inmate will be subject to disciplinary action. If an inmate reports sexual abuse and the report is made in good faith, based upon a reasonable belief that the alleged conduct occurred, they will not be charged for reporting if it is determined to be unfounded. 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 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.</p> <p>Interviews with staff and inmates confirm that MBP is adhering to the provisions of the standard. A review of facility investigations demonstrates that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven. The Auditor found no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith. There is a consideration of mental disabilities and mental illness when issuing the appropriate type of sanction to be imposed.</p> <p>Through a review of the PREA manual, the Inmate guidebook, and interviews, the Auditor determined that the facility prohibits sexual activity between inmates. The PREA manual indicates that inmates who engage in consensual sexual activity may be disciplined and sanctioned according to policy 03.03.105. However, the activity will not be considered sexual abuse unless it is determined that the sexual contact was the result of coerced consent or protective pairing.</p> <p>Review of facility documentation and interviews with staff indicated that inmates were only subject to disciplinary action when there was substantial evidence that the alleged allegation did not occur, and the allegation was not made in good faith. The facility reported there were no inmates disciplined for making an allegation of sexual abuse in bad faith during the previous 12 months. The Auditor reviewed the records of inmates and did not discover any evidence that indicated inmates had been disciplined for making an allegation of sexual abuse.</p> <p>Conclusion: Based on policy review and interviews, the Auditor determined the facility meets requirements of this standard.</p> |
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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates

Policy Directive 03.04.100 Health Services

Policy Directive 03.04.108 Inmate Health Information

Policy Directive 04.01.105 Reception Facility Services

CAJ 1028 Authorization for Release of Information

Informed Consent Poster

Interviews

GID 6 Month Review Forms

MBP ROBERTAR Form

The above policies were reviewed including the PREA Manual regarding medical/ mental health screening. It states if a PREA Risk Assessment or PREA Risk Assessment review indicates an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure the inmate is referred for a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening. Inmates 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 will be similarly referred. PD 03.04.100 states that all inmates will have access to health services as described in this policy, regardless of custody level or security classification. An inmate whose health care needs cannot be met at the facility where the inmate is housed will be transferred to a facility where those needs can be met.

An inmate identified as having a history of physical or sexual abuse, or who poses a reasonable concern that he may be sexually victimized while incarcerated due to age, physical stature, history, or physical or mental disabilities, will be referred to psychological services staff. An Intake screening for History of Sexual or Physical Abuse form (CHJ-464) will be completed by staff as part of this screening process. Qualified Mental Health Professionals (QMHP's) will be available to provide mental health services and inmates in need of mental health services will 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.

The MDOC's policy is consistent with the requirements of standard 115.81 and states staff must 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 an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure the inmate 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 inmates 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 will be similarly referred.

MBP policy states the facility staff will 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 states that an inmate 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 will be referred to psychological services staff.

PD 04.06.180 states that Qualified Mental Health Professionals (QMHP's) will be available to provide mental health services. Inmates in need of mental health services will 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 inmates as clinically indicated including mental health intake evaluations, and crisis intervention.

A review of inmate files indicated the screenings are being conducted in accordance with the standards and policy. In addition, there were documented files provided by the facility of inmates who were identified as needing follow-up care and were offered the follow-up care within the 14-day period prescribed by the standards. Medical staff and mental health staff confirmed that if an inmate answers "yes" to previous victimization, they are referred to mental health and the inmate is offered a follow-up meeting. 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 treatment and programming.

MDOC Operating Procedure states that medical and mental health personnel will obtain 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 facility provides posters that explain the limitations of confidentiality, which were observed to be prominently displayed in each medical and mental health provider area.

Staff interviews confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential. This information is limited access to specific staff and only used to make housing, bed, work, education, and other program assignments, in accordance with facility policy. The PAQ notes inmates who

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| | <p>disclosed prior victimization during screening are offered a follow-up meeting with medical or mental health, and inmates who have previously perpetrated sexual abuse during the screening were offered a follow-up meeting with a mental health practitioner.</p> <p>Conclusion:</p> <p>Based on interviews with medical staff, mental health, and document review, the Auditor determined the facility meets the requirements of this standard.</p> |
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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.04.100 Health Services</p> <p>Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>Policy Directive 03.04.125 Medical Emergencies</p> <p>MDOC PREA Manual</p> <p>Interviews</p> <p>The MDOC PREA manual is written in compliance with standard 115.82 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 inmate victims of sexual abuse will 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 abuse is reported, first responders will take preliminary steps to protect the victim in accordance with the protective custody section of this manual and will immediately provide notification to the appropriate medical and mental health staff. Inmate victims of sexual abuse while incarcerated will be offered information referencing emergency contraceptives and sexually transmitted infections prophylaxis, in accordance with OP 03.04.100H “Health Care Management of Reported Sexual Assaults of Inmates in DOC Facilities” as noted in the Ongoing Victim Services section. Treatment will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with the investigation of the incident.</p> <p>Interviews with medical staff confirm that victims of sexual abuse would receive</p> |

timely, unimpeded access to these services. The staff are aware of their responsibilities regarding protection of a potential victim and evidence control in a reported sexual assault. In addition, medical and mental health staff are available 24 hours per day in case of emergency and for crisis intervention services. Psychology staff will initiate contact with the victim and provide evaluation and treatment as appropriate. Psychology staff will complete a Sexual Assault Assessment and recommend subsequent services if required. For services that are outside the scope of their experience, the inmate will be treated at the local hospital emergency department. Forensic exams are conducted off-site at UP Health System Hospital, Marquette, by a qualified forensic nurse examiner. An advocate is available at the request of the inmate to provide emotional support services and accompany the inmate to the hospital. Facility 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. Interviews with medical staff confirm that inmate 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 an inmate, who alleges to have been sexually abused less than 96 hours previously and where forensic evidence may be present, will be transported to a local hospital for a forensic medical examination. If a SAFE or SANE cannot be made available, the examination can be performed by another qualified medical practitioner(s) and the facility will document their efforts to provide the examination by a qualified SAFE or SANE. A copy of the completed PREA Forensic Examination Form (CAJ-1020) and any notes evidencing the facility's efforts will 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, and the inmate will be referred to health care and mental health services in accordance with Agency OP 03.04.100H, Health Care Management of Reported Sexual Assaults of Inmates in MDOC Facilities.

The Auditor reviewed facility investigations and conducted staff interviews to determine 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. Interviews with facility staff verified their knowledge of the requirements of the standard and their responsibilities as first responders. Staff stated their duties are to separate the victim and abuser, preserve, protect the crime scene, collect physical evidence, and immediately notify supervisor, medical, and mental health practitioners.

Conclusion: Staff interviews verified that medical services are provided to inmates involved in sexual abuse allegations regardless of their cooperation with the investigation. The Auditor determined the facility meets compliance for this standard.

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| <p>115.83</p> | <p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.04.100 Health Services</p> <p>Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>MDOC PREA Manual</p> <p>Interviews</p> <p>New Intake Form</p> <p>MDOC policy states that 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 practitioner’s judgment. Policy requires treatment services to be consistent with the community level of care and provided without financial costs regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. 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 will immediately notify the shift supervisor. Inmates are offered mental health and medical services. Forensic and sexual assault exams are to be conducted by a qualified professional.</p> <p>The MDOC Operating Procedure is written in compliance with standard 115.83 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 confirmed the services would be available to inmates who have been victims of sexual abuse, and services would be consistent with the community level of care.</p> <p>Interviews with medical and mental health staff stated they felt that care provided to the inmates is much better than the community level of care. During the review of facility investigations, the Auditors verified that appropriate referrals and treatment referrals are being completed in accordance with the standard. The Mental Health practitioner stated that inmate victims of sexual assault would be assessed immediately, and a determination made for transfer to the local hospital for a forensic exam. In the case of an assault, first responders would ensure emergent medical needs would be addressed and evidence not destroyed. A physician would examine an alleged inmate victim and make appropriate decisions to treat any injuries, infections, STIs, or other medical needs. Inmate victims of sexual abuse while housed</p> |
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| | <p>in the facility would 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.</p> <p>The PREA standard states that within 60 days of learning of inmate-on-inmate 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. The Auditor reviewed documentation provided by the facility of provided 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. Mental health staff stated that inmates that are high risk victims and high-risk abusers would be offered services. If an inmate is identified as a HRSV or a HRSA, they are referred to mental health for evaluation and assessment to determine the level of services to be offered to the inmate. If the inmate is designated as high-risk, mental health staff will monitor them at periodic intervals established by the provider. All services are delivered according to the clinical judgment of the practitioner. The facility is implementing a new tracking system to streamline timely referrals and follow up visits of HRSA and HRSV inmates.</p> <p>The Auditor interviewed the mental health practitioner concerning what services are offered to victims of sexual abuse. Staff stated that counseling sessions, referrals if appropriate, and follow-up services are provided, and the mental health practitioner would create treatment plans and follow-up treatment plans. The Auditor received documentation that verified services offered at MBP are consistent with community level services. The mental health practitioner is clear on the requirement to conduct the evaluation within 60 days of learning of the abuse and stated the assessment would be conducted much sooner.</p> <p>Conclusion: The Auditor reviewed policies, procedures, inmate records, conducted interviews and determined the facility meets the requirements of this standard.</p> |
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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates</p> |

MDOC PREA Manual

PREA Investigative Tracker

CAJ 1025 Sexual Abuse Incident Review

Interviews

Memo

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 will coordinate a sexual abuse incident review at the conclusion of a sexual abuse investigation unless the allegations are determined to be No Evidence/Unfounded. The PREA Manual indicates that the review team should consist of upper-level custody and administrative staff, with input from relevant supervisors, investigators, and medical and mental health practitioners.

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. The staff stated that the review team follows a formatted document to ensure all elements of the standard are considered and 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, will be completed, and submitted for inclusion in the file. They indicated that the team would review the investigative report, any video and any other pertinent information and the Warden will review the recommendations. The PREA coordinator stated any recommendations would be implemented, or the reasons for not doing so would be documented.

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. The PC indicated that the reviews take place within 30 days of the conclusion of the investigation and 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.

Conclusion:

Review of agency Incident Review forms, interviews with the Warden, PREA coordinator, and Incident Review team members confirmed compliance and the Auditor determined the facility meets requirements for this standard.

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| 115.87 | Data collection |
| | <p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 1091 376">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p data-bbox="256 412 1414 448">Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p data-bbox="256 483 544 519">MDOC PREA Manual</p> <p data-bbox="256 555 464 591">Annual Report</p> <p data-bbox="256 627 775 663">Survey of Sexual Victimization (SSV)</p> <p data-bbox="256 698 408 734">Interviews</p> <p data-bbox="256 770 1469 1263">The MDOC Operating Procedure is consistent with the requirements standard 115.87 and states that the agency will collect annually, uniformed data for allegations of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence and will complete an annual report based upon the statical data. The PREA Manual outlines the data collection process and states that allegations of sexual abuse reported to have occurred within facilities will be entered into the appropriate MDOC computerized database. The Agency PREA manager gathers data on each reported incident to aggregate an annual report which will include data necessary to complete the SSV. The PREA Manual and PD 03.03.140 contain the definitions used to collect data at each facility. The PREA coordinator for each facility is responsible for reporting institutional data to the Regional PREA Analyst.</p> <p data-bbox="256 1299 1477 1630">The Auditor 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 Inmate on Inmate (SHPP), and Staff on Inmate Sexual Harassment (SHO). The comprehensive annual report lists corrective actions taken and 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 2022.</p> <p data-bbox="256 1666 1469 1908">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. The agency collects and aggregates 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.</p> <p data-bbox="256 1944 424 1980">Conclusion:</p> <p data-bbox="256 2016 1461 2051">Compliance was determined by review of Annual Reports, review of Survey of Sexual</p> |

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| | Violence, and interviews with regional PREA analyst. The Auditor determined the facility meets the requirements of this standard. |
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| 115.88 | Data review for corrective action |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>MDOC PREA Manual</p> <p>Annual Reports 2019-2023</p> <p>Interviews</p> <p>MDOC DATA Website</p> <p>The PREA Manual and the PAQ states the agency reviews data annually to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies. The review includes identifying problem areas, taking corrective action, and preparing an annual report of its findings to include any corrective action. A review of Annual Reports indicates that the report contains information on the MDOC’s PREA actions taken in response to the previous year’s PREA audits. The reports contain a comparison of collected data from the previous two years and reviewed and approved by the PREA Manager and the Agency Head. The interview with the Agency Head Designee indicated that there are multiple ways that data is utilized to assess and improve the Agency’s sexual safety practices. This includes sexual abuse incident reviews, the Annual Report, the Survey of Sexual Victimization, and the annual staffing plan review by the Wardens at each facility. Information is then utilized to identify any trends and improve or update policies, procedures, and practices. The PC and the PM stated that each facility documents allegations and investigations in the centralized database which is used to review trends and any areas of concern.</p> <p>The PAQ indicated that the agency may redact specific material from the report when it would present a clear and specific threat to the safety and security of the facility. A review of Annual Reports confirmed that no information was required to be redacted. The interview with the PC indicated that all personally identifiable information would be redacted.</p> <p>Conclusion:</p> <p>Based on interviews, review of Agency website and documents, the Auditor finds this</p> |

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| | standard compliant and meets requirements. |
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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>MDOC PREA Manual</p> <p>MDOC PREA Data Website</p> <p>Interviews</p> <p>The MDOC Operating Procedure 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, and after final approval by the Director. The 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 Agency will ensure that all sexual abuse and sexual harassment data collected 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 securely retained.</p> <p>The Auditor reviewed the website and confirmed that the SSV as well as previous Annual Reports are available to the public. The agency does not include any identifiable information or sensitive information in the Annual Report to be redacted. A review of historical Annual Reports confirmed that no personal identifiers were publicly available. The facility PREA coordinator is responsible for reporting institutional data to the Regional PREA Analyst. 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.</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</p> |

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| | <p>collection. Annual PREA Reports were available for 2014 - 2023.</p> <p>Conclusion:</p> <p>Based on a review of the PAQ, the PREA Manual, the agency website, and information obtained from the interview with the PREA Coordinator, this standard is compliant and meets requirements.</p> |
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| 115.401 | Frequency and scope of audits |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.401 Frequency and scope of audits</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Interviews</p> <p>Institutional Tour</p> <p>Documentation Review</p> <p>The Auditor had access to all areas of the facility and was permitted to receive and copy requested relevant policies, procedure, and documents. The Auditor was permitted to conduct private interviews and was able to receive confidential correspondence from inmates. The audit team received complete cooperation with the MDOC personnel, MBP facility staff, and inmates at the facility. Policy, procedures, and secondary documentation were provided prior to the onsite tour and post audit.</p> <p>All MBP staff cooperated, and the auditor team was afforded the opportunity to conduct interviews with staff and inmates in a private setting convenient to inmate housing areas and staff work areas. MBP staff facilitated the interviews in a timely and efficient manner and informal interviews with inmates confirmed that they were aware of the audit and opportunity to communicate with the Auditors. Prior to the on-site facility review, notices were provided to the facility by the Auditor to be posted in various inmate common areas advising of the audit dates and Auditor contact information. The notices were provided to facility staff six weeks prior to the onsite visit and the Auditors observed notices posted in various areas of the facility.</p> <p>Conclusion:</p> <p>The Auditor finds this standard to be compliant and meets requirements.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | 115.403 Audit contents and findings The facility was previously audited, and the report is publicly available via their website https://www.michigan.gov/documents/corrections/Marquette_Correctional_Final_Report . |

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

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

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| | 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 |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |

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| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | 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 |

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

| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
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| | 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 |

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| | 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 |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |
| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who | yes |

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

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

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| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |

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| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |

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

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

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

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

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

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| | 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.) | |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective | yes |

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

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| | Whether the inmate is detained solely for civil immigration purposes? | |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive | yes |

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| | information is not exploited to the inmate's detriment by staff or other inmates? | |
| 115.42 (a) Use of screening information | | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) Use of screening information | | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) Use of screening information | | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would | yes |

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| | present management or security problems? | |
| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing | yes |

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| | solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | |
| 115.43 (a) | Protective Custody | |
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |
| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | 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.) | na |
| | 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.) | na |
| 115.43 (c) | Protective Custody | |

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

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| | 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 |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | 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 |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from | na |

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| | 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 |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | 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 |
| 115.52 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | 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 |
| 115.52 (f) | Exhaustion of administrative remedies | |

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| | 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 |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | na |
| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, | na |

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| | 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 |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual | yes |

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| | abuse or sexual harassment or retaliation? | |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.61 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |

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| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in | yes |

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| | response to an incident of sexual abuse? | |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| 115.67 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of | yes |

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

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

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

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| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually | yes |

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

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

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

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

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

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

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

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

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

| (f) | | |
|------------|---|-----|
| | 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.) | yes |