

PREA Facility Audit Report: Final

Name of Facility: Saginaw Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/13/2023

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: 10/13/ 2023

AUDITOR INFORMATION	
Auditor name:	Catrett-Bell, Joy
Email:	jcbell1111@gmail.com
Start Date of On-Site Audit:	09/25/2023
End Date of On-Site Audit:	09/27/2023

FACILITY INFORMATION	
Facility name:	Saginaw Correctional Facility
Facility physical address:	9625 Pierce Road, Freeland, Michigan - 48623
Facility mailing address:	

Primary Contact	
Name:	Roland Price
Email Address:	pricer3@michigan.gov
Telephone Number:	(989) 695-9880 Ext.

Warden/Jail Administrator/Sheriff/Director	
Name:	Adam Douglas
Email Address:	douglasa1@michigan.gov
Telephone Number:	(989) 695-9880 Ext.

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

Facility Health Service Administrator On-site	
Name:	Susan McCauley
Email Address:	pricer3@michigan.gov
Telephone Number:	(989) 695-9880 Ext.

Facility Characteristics	
Designed facility capacity:	1488
Current population of facility:	1459
Average daily population for the past 12 months:	1455
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	18-87
Facility security levels/inmate custody levels:	Level I, II, IV
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	295
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	93
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	56

AGENCY INFORMATION

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 - 48909
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:	Charles Carlson	Email Address:	CarlsonC2@michigan.gov
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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:

5	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.35 - Specialized training: Medical and mental health care • 115.73 - Reporting to inmates • 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers • 115.88 - Data review for corrective action
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Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-09-25
2. End date of the onsite portion of the audit:	2023-09-27

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1488
15. Average daily population for the past 12 months:	1455
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1495
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:	26
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:	7
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:	7
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:	421
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:	3
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:	17

<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>15</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>0</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>6</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>*</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>304</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>8</p>

<p>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:</p>	<p>31</p>
<p>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:</p>	<p>*</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>21</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>*</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </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):	*
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	23
<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>	
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:	2
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:	5
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

<p>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:</p>	<p>2</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>8</p>
<p>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:</p>	<p>3</p>
<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>There were no barriers to completing interviews with inmates.</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>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>There were no barriers to completing interviews with inmates.</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>

<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>There were no barriers to completing interviews with inmates.</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>There were no barriers to completing interviews with inmates.</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>15</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>

<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>No text provided.</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 checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
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:	1
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 type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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>No text provided.</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 <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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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	9	0	9	0
Staff-on-inmate sexual abuse	8	0	8	0
Total	17	0	17	0

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	1	0	1	0
Staff-on-inmate sexual harassment	4	0	4	0
Total	5	0	5	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	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	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	1	0	9	0
Staff-on-inmate sexual abuse	0	0	7	1
Total	1	0	16	1

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	1	0	0	0	0
Staff-on-inmate sexual harassment	1	0	0	0	0
Total	2	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	1	0	0	0
Staff-on-inmate sexual harassment	1	0	2	0
Total	2	0	2	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:

9

<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>7</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation 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 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>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation 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 staff-on-inmate sexual abuse investigation files)</p>

<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>2</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>0</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 type="radio"/> No</p> <p><input checked="" 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
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.	No text provided.
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	
<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>1</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 checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify the name of the third-party auditing entity</p>	<p>AB Management Llc</p>

Standards	
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
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Prisoners - Prison Rape Elimination Act (PREA)</p> <p>MDOC Prison Rape Elimination Act (PREA) Manual</p> <p>Director’s Office Memorandum</p> <p>MDOC Organizational Chart</p> <p>Position Descriptions</p> <p>Interview with the PREA Manager</p>

	<p>Interview with the PREA Coordinator</p> <p>Operating Procedures 03.03.140 outlines the facility's approach to implementing practices covered by the agency policy and the agency PREA Manual. The MDOC has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment and provides definitions of prohibited behaviors. In accordance with the standard there are sanctions for those who have been found to have participated in prohibited behaviors which are consistent and in compliance with PREA definitions. The policy details the agency overall approach to preventing, detecting and responding to sexual abuse and harassment. PD 03.03.140 serves to establish the agency's zero tolerance policy and outline the agency's approach to implementing the PREA standards. The Auditor reviewed these documents in their entirety to determine compliance with provisions.</p> <p>The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards, in detail, that were previously covered by a network of policies relative to such areas as segregation, employee training, inmate placement, health care, etc. The Agency's PREA Manager 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 PREA Coordinator ensures the facility works to achieve compliance in all areas of the standards. The PREA Coordinator 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 Incident review team and serve as a contact for persons outside the agency on issues related to PREA requirements.</p> <p>Conclusion:</p> <p>Based on auditor's review of related policy, memorandums, facility organization charts, and staff interviews, it is determined that Saginaw Correctional Facility Exceeds the mandate for this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.12 Contracting with other entities for the confinement of Inmates

	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>MDOC Prison Rape Elimination Act (PREA) Manual</p> <p>Interviews with Staff</p> <p>According to the MDOC PREA Manual, the Agency shall include in any new contract or contract extension, pertaining to the confinement of inmates, and the obligation for the contractor to adopt and comply with the PREA Standards. The Agency shall provide contract monitoring for any new contract or contract extension listed above to ensure the contractor is complying with the PREA Standards. The Contractor 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 made by a Violator to the State's on-site Agent. The Contractor shall ensure compliance with the National Standards to Prevent, Detect and Respond to Prison Rape, effective August 20, 2012, as noted in their PREA standards. If the Contractor does not abide by these standards, it is considered a breach of contract of this Agreement.</p> <p>The Procurement, Monitoring and Compliance Division (PMCD) within the Michigan Department of Corrections (MDOC) oversees the MDOC's contracts and will ensure that the Contractor is delivering services according to the contract requirements. The State Contract Manager or designee will serve as the lead for all contract related issues and will assist in facilitating meetings, determining service level agreements, overseeing the transition, and working with the MDOC program staff to ensure the contractual requirements are being met. The Agency currently has not renewed any contracts with outside entities for confinement of their inmates as noted in the prior audit cycle.</p> <p>Conclusion:</p> <p>Based on staff interviews and document review, Saginaw Correctional Facility meets this standard.</p>
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115.13	<p>Supervision and monitoring</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.13 Supervision and monitoring</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>MDOC Prison Rape Elimination Act (PREA)</p> <p>Staffing Plan</p> <p>Deviation Memorandum</p>
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PREA Annual Staffing Review

Officer Location/Round Reader

Interviews with supervisors who conduct unannounced rounds

In accordance with the provisions of the staffing plan, the PREA Manager and PREA Analyst reviewed the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. This was documented on the staffing plan review, and signed and acknowledged by the Warden, PREA Analyst and PREA Manager. The review shall be documented on the appropriate 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 shall document and justify all deviations from the plan. Staff shall conduct and 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.

The Auditor observed staff conducting rounds to ensure daily visibility, increase the safety of staff and prisoners, and ensure the security of the facility which allowed for 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 shall physically walk all areas of their designated assignment conducting a complete and thorough assessment to identify unusual activity and safety, security, policy, and procedural violations. Staff shall take necessary, timely, and 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 is reviewed to ensure adequate staff in accordance with the stated staffing plan for Critical and Non-Critical Post. 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 security staff post assignments and is responsible for submitting the quarterly Post Assignment Schedule each quarter to the Warden for approval.

The Auditor reviewed the SRF Post Audit which is developed to ensure appropriate staffing levels are determined. The most recent post audit includes (295) full time staff and ensures there is sufficient security staffing to safely manage the inmate population. The facility accurately documents justifications for deviations from the staffing plan and most common reasons for deviations from the staffing plan are short term disability, health emergency leave, medical transportation, regular 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 all critical post are staffed.

The staffing plan appears satisfactory in the agency'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, inmates with medical or mental health needs, disabled inmates, and limited English proficient populations. The Auditor observed cameras in all areas of the facility and observed formal and informal interactions between staff and inmates.

The PCM provided documents to verify that an unannounced inspection is 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 Security Shift Supervisor, Unit Managers, Warden, and other Executive staff shall conduct and document random unannounced rounds. The Auditor reviewed housing unit logbooks while touring the facility and observations were made of notations of opposite gender announcements for female staff.

The auditor reviewed housing unit logbooks during the tour and observed documentation supporting supervisory staffs unannounced rounds on all shifts. Supervisory staff document their unannounced 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. All supervisory staff stated they alternate their rounds and do not have a set schedule or pattern in when they conduct their PREA rounds. They ensure the rounds are conducted in a manner that staff and inmates are unable to determine their anticipated arrival to the housing units or program areas. Logbook's entries confirmed a variety of times in which these rounds were conducted.

Conclusion:

Based on the review of the Staffing Plan, quarterly post assignment schedules submitted for approval by the Warden, daily post assignment rosters, interviews, review of unannounced rounds, SRF meets the mandate for the standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.14 Youthful Offenders

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 05.01.140 Prisoner Placement and Transfer

MDOC Prison Rape Elimination Act (PREA) Manual

Saginaw Correctional Facility Website

Interviews Warden, PREA Manager and PREA Coordinator

PD 05.01.140, Prisoner Placement and Transfer, outlines the agency's' approach to housing youthful inmates and was reviewed in determining compliance. The auditor reviewed MDOC policy, which states that youthful offenders will not be placed in a housing unit in which the offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. MDOC policy requires direct supervision by institutional staff when a youthful offender and an adult offender have sight, sound, or physical contact with one another. The agency assigns youthful offenders to a specialized unit to meet these requirements, unless the assignment would create a risk to the safe, secure, and orderly operation of the institution. Youthful offenders may be placed in a restrictive housing unit if exigent circumstances require such. The SRF does not house youthful offenders.

The Auditors interviewed random and specialized staff which indicated no staff had knowledge that a youthful offender had been housed at the facility during this audit cycle. The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful offenders housed at the SRF within the audit period.

Agency policy dictates that male youthful inmates are housed at the Thumb Correctional Facility (TCF) and female youthful inmates are housed at Women's Huron Valley Correctional Facility (WHV). If a youthful inmate must be placed at another facility for the purposes of medical or mental health care, the placement must be approved by an agency Deputy Director and accommodations for sight, sound and physical contact separation must be made.

Conclusion:

During the audit tour and through interviews with the Warden, PREA Manager, PREA Coordinator, it was observed that the SRF does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.15 Limits to cross-gender viewing and searches</p> <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 (January 2018)</p> <p>Interviews</p> <p>The MDOC policy states that a strip search shall be performed only by employees of the same sex as the prisoner being searched. A strip search also shall be performed only in the presence of employees of the same sex as the prisoner being searched except that it may be conducted in the presence of a supervisory employee of the opposite sex when a supervisor’s presence is required by policy and a supervisor of the same sex as the prisoner being searched is not available. 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 SRF. 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.</p> <p>Per agency policy, a body cavity search must be conducted by a licensed physician, physician’s assistant, or nurse practitioner. Medical personnel who perform a body cavity search need not be of the same sex as the prisoner being searched. However, all other persons who are present during the search shall be of the same sex as the prisoner and there always shall be at least one staff member present who is the same sex as the prisoner being searched. A written report of the search shall be completed as soon as possible but not later than the end of the shift after which the search occurred. The Strip Search/ Body Cavity Search Report (CAJ-289) shall be used for this purpose. If an inmate’s status is unknown, it may be determined by conversation with 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 shall use best judgment as to how the person presents, as male or female, and shall arrange for an officer of the gender to conduct the search. If the subject of the search, then objects based on gender, an officer of the person’s apparently preferred gender shall conduct the</p>

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.

SRF certifies that security staff shall be trained on how to conduct cross-gender frisk searches, and searches of transgender and intersex inmates in a professional and respectful manner, that is least intrusive. These searches shall 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 in 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.

Female correctional officers may frisk search inmates of both genders. 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 Scanning Devices. Training topics, including definitions, were found to be consistent with the definitions contained in the standards.

The Pre-Audit Questionnaire noted that 100% of staff have received training and confirmation of Pre-service search training was provided. Additionally, random staff interviews indicated they received training during pre-service and annual service training sessions. The auditor was provided training rosters identifying all security staff's completion of the required training during the post audit phase and training provided was taken from the SRF "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. The Auditor reviewed shift assignments and discovered each shift was assigned both male and female staff. The Auditor was informed by supervisors the facility maintains a balance of male and females on each shift to ensure inmates can be searched by a staff member of the same sex as the inmate.

Signage is noted on each housing door that opposite gender staff must announce themselves when entering the housing unit and this practice was observed during the tour. The auditors conducted 45 formal interviews and 19 informal interviews with the inmate population. They 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. This practice was observed throughout the auditor's tour in all housing units.

Observation during the tour of the institution confirmed procedures were developed in the structural operational planning that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. The Auditor conducted a detailed tour of the facility and was granted access to all inmate housing units and other support areas. The Auditor observed all shower and restroom areas in the facility and confirmed the inmates could shower and use the restroom without

	<p>security staff of the opposite gender seeing them naked. All showers are made available to transgender and intersex inmates during facility counts while other inmates are restricted to their bed area.</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 forward to the Central Office Gender Dysphoria Committee for further review and determination of inmates' status.</p> <p>Conclusion:</p> <p>Based on the review of policies, documents, confirmation of completed search training, interviews and analysis, 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16 Inmates with disabilities and inmates who are limited English proficient</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners</p> <p>MDOC Prison Rape Elimination Act (PREA) Manual</p> <p>Purchase Order (Vancro Inc) for SRF in-person Sign Language</p> <p>Michigan Braille Transcribing Fund</p> <p>Linguistic International Contract</p> <p>Bi-Lingual Informed Consent Poster and Privacy Notice Sign</p> <p>Interviews</p> <p>Policy Directive 03.03.140 PREA</p> <p>MDOC Operating Procedures takes appropriate steps to ensure that inmates with disabilities, including those who are deaf, blind or have intellectual limitations have</p>

an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detects and respond to sexual abuse and harassment. MDOC Operating Procedure is written in accordance with the standard and indicates that the PREA Manager is responsible for development and distribution of educational materials related to the education of inmates regarding the Agency'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 shall include information on treatment, advocacy, and counseling services.

MDOC PREA Manual states the Agency will provide PREA inmate education in formats understandable by the entire inmate population and if needed, the Agency 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 inmates' safety, the performance of first-response duties as outlined in this manual, or the investigation of the inmates' allegations.

The Auditor reviewed the inmate handbook in determining compliance with provision (a) of the standard. The agency also produces a PREA specific brochure in Spanish, as well as publishing their Inmate Handbooks in Spanish and a sign language interpreting service is available. The Agency head's confirmed that the agency takes significant steps to ensure that materials are provided in various formats to include captioning of the PREA inmate video in multiple languages. Posters displaying PREA reporting information were observed to be posted in each housing unit in English and Spanish. Privacy signs are translated in Spanish and were observed during the audit tour. This Auditor reviewed translation invoices from the facility to confirm that the facility has an active interpretation services account to reach LEP inmates. The facility provided a purchase order for interpretation services with Global Interpreting Services, LLC, and American Language Services. During random interviews with custody staff indicated they understand that the use of an inmate interpreter for complaints of sexual abuse was only acceptable under the circumstances where a delay could compromise an effective response.

In the past 12 months, there were zero (0) number of instances where inmate interpreters, readers, or other types of inmate assistants have been utilized to act as the informal interpreter. Each inmate entering the facility is provided a written copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment and provided PREA education within seven days of arriving at the facility. Inmates' are required to sign the Preventing Sexual Abuse and Assault Training acknowledgement form for verification of receipt of the inmate handbook and PREA education.

Conclusion:

The Auditor conducted a thorough review of the agency's policies, procedures, Inmate Handbook, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, PREA educational video, interpretive services contracts, inmate records, and training records. Through staff/inmate interviews and made observations, the Auditor determined the facility meets the requirements of this standard.

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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.17 Hiring and promotion decisions</p> <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>SRF Completed Pre-Audit Questionnaire (PAQ)</p> <p>Policy states that the Agency will not knowingly hire any new employee, promote any existing employee, or enlist the services of any contractor who has contact with inmates and has-1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); 2. Been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Been civilly or administratively adjudicated to have engaged in the activity described in number 2 above.</p> <p>Policy requires that once every three years criminal history checks shall be processed through LEIN for all MDOC employees but does not preclude the MDOC from conducting a LEIN check at any time within the three-year period, if determined necessary. The three-year criminal history checks shall be completed during the month of June 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 shall be referred</p>

by the reviewing staff for investigation. Criminal history checks shall be completed by facility Records Office Supervisors for all staff who work at a correctional facility and contractors who have contact with prisoners at the facilities shall have an annual criminal history check processed through LEIN. Criminal background checks shall also be conducted on facility volunteers and information discovered from a criminal background check that has not been previously reported or investigated, shall be referred for investigation. The SRF does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard.

During the onsite audit visit, this Auditor randomly selected employee personnel files to review to determine compliance with this standard. The Michigan DOC requires that all applicants apply for positions online. The Auditor reviewed the employment application packet which included the required PREA questions. If any of the PREA questions are confirmed with a "yes" by the applicant, the application process is aborted, and the applicant is ineligible for employment. The application also 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 local facility Human Resource and Records departments conduct the initial background check on those that are chosen to advance through the hiring process. Any instances of sexual harassment are used in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. A targeted interview with Human Resources stated that instances of sexual harassment would be a factor when making decisions about hiring and promotion.

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

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 Human Resource office tracks the required background checks which are conducted at a minimum of every three years and are required 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 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 contact with inmates at the facility. The Auditor concluded the SRF is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors or promoting staff.

Conclusion:

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

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.18 Upgrades to facilities and technologies</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>CAH-135 Project Review and Application</p> <p>Interviews</p> <p>Observations</p> <p>MDOC PREA Manual (Facility and Technology Upgrades)</p> <p>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 Agency’s ability to protect inmates from sexual abuse, shall be considered. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the ability to protect prisoners from sexual abuse shall be carefully reviewed.</p> <p>Through interviews with the agency PREA Coordinator and facility PREA Compliance Manager, it was noted that the Facility Physical Plant Supervisor and the PREA Manager would discuss any projects at the facility to ensure compliance with the PREA standards. There is currently an active project at Saginaw that includes the installation and upgrade to the facility video surveillance system. In addition, a Project Review and Approval form (CAH-135) 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>The Warden and PREA Coordinator stated that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, SRF considers how such technology may enhance their ability to protect inmates from sexual abuse. Facility staff monitor the cameras to ensure they are operational and to identify any areas that may need additional coverage. SRF has updated the video monitoring system, by adding additional cameras since their last PREA audit. A targeted interview with the Warden indicates that cameras were added to the several areas of the facility with plans to add additional cameras. 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>Conclusion:</p> <p>Through the review of project documentation and interviews with staff, the Auditor</p>

	determined that SRF meet the provisions of this standard.
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115.21 Evidence protocol and forensic medical examinations	
	<p data-bbox="256 432 959 465">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 508 544 542">Auditor Discussion</p> <p data-bbox="256 584 1121 618">115.21 Evidence protocol and forensic medical examinations</p> <p data-bbox="256 656 1093 689">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p data-bbox="256 728 1370 761">Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Prisoners-PREA</p> <p data-bbox="256 799 858 833">Policy Directive 03.04.100 Health Services</p> <p data-bbox="256 871 1118 904">Michigan State Police letter regarding criminal investigations</p> <p data-bbox="256 943 735 976">Basic Investigator Training Packet</p> <p data-bbox="256 1014 1078 1048">MDOC Crime Scene Management and Preservation (2015)</p> <p data-bbox="256 1086 778 1120">CAJ-1020 Forensic Examination Form</p> <p data-bbox="256 1158 751 1191">Training Record (Victim Advocates)</p> <p data-bbox="256 1229 408 1263">Interviews</p> <p data-bbox="256 1301 1465 1879">Per MDOC policy, investigations of sexual abuse/sexual harassment shall only be completed by employees who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. SRF trained investigators conduct administrative investigations and allegations of sexual abuse and sexual harassment that appear criminal in nature are reported to the Michigan State Police (MSP) for investigation. Facility staff are required to preserve any crime scene until the MSP Investigator arrives to collect or process physical evidence from the scene. The Agency investigation shall be coordinated as necessary with the investigating law enforcement agency to ensure the Agency's efforts will not be an obstacle for prosecution and to remain informed of the status of the investigation. However, the Agency's investigation shall proceed in accordance with PD 01.01.140 "Internal Affairs" regardless of whether the referral results in criminal prosecution.</p> <p data-bbox="256 1917 1465 2078">The Auditor reviewed training records for the facility investigators and determined that those staff responsible for administrative investigations have been trained as required. When receiving an allegation of sexual abuse or sexual harassment, SRF staff ensure all allegations are referred to the appropriate law enforcement agency in</p>

accordance with policy and law for criminal investigation, in conjunction with the facility's administrative investigation. Referrals to law enforcement shall be documented in the Facility's investigative report, to include PREA investigation worksheet(s) and pertinent computerized database entries.

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 SAFE/SANE facility to include any clothing worn during an alleged incident of sexual abuse. The agency's protocol, which is outlined in the PREA Manual and Crime Scene Management and Preservation Trainers Manual, demonstrates that the agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene. These procedures allow for the criminal investigative agency, Michigan State Police (MSP), to maximize the collection of available evidence of the crime scene. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials.

The Michigan State Police and Department of Corrections 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. An interview with SRF Inspectors and PREA Coordinator indicated that their investigation was limited to administrative investigations and the Michigan State Police will conduct any criminal investigation if criminal findings are discovered. The MDOC Inspectors are trained using Crime Scene Management and Preservation training modules. Saginaw Correctional Facility provided documentation of the training that investigative staff receive. The training 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. Additionally, investigative staff completed the NIC PREA Investigator training.

The Auditor determined through staff interviews, that security staff are aware of their responsibility to secure any potential crime scene and their duty to ensure those involved do not take actions that could destroy evidence. Crime Scene Management and Preservation training materials cover the necessary technical detail to aid first responders in preserving available evidence. Uniform evidence protocol is covered in Crime Scene Preservation and Management and in the Preservation Trainers Manual. Training materials cover the necessary technical details to aid first responders in preserving available evidence. Youthful inmates are not housed at this facility; however, staff are adequately prepared to address the needs of this population through training materials and the PREA Manual's guidance.

Policy supports the requirements of the provisions and protocols are in place to ensure an incarcerated individual is sent to a hospital for a SANE exam when allegations are made to support a referral. State law and institutional policy support that a qualified advocate is available through the hospital. Several of the agency

	<p>trained investigators have become certified for evidence collection and photographing 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.</p> <p>Conclusion:</p> <p>The Auditor determined that the facility meets the requirements of this standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.22 Policies to ensure referrals of allegations for Investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Prisoners-PREA</p> <p>Policy Directive 01.01.140 Internal Affairs</p> <p>Michigan State Policy letter regarding criminal investigations</p> <p>Internal Affairs Policy Directive 01.01.140</p> <p>PREA Policy 03.03.140 Sexual Abuse Sexual Harassment of Prisoners-PREA</p> <p>Interviews</p> <p>The MDOC Operating Procedure is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Wardens shall ensure that information on all allegations of prisoner-on-prisoner sexual abuse/sexual harassment, employee sexual abuse/sexual harassment, and employee overfamiliarity, are entered into the MDOC computerized database at their respective facilities and investigated. Policy also dictates that allegations are referred for a criminal investigation, if warranted. Each sexual abuse or sexual harassment investigation has a PREA Sexual Abuse Investigation or Sexual Harassment investigation worksheet completed in its entirety and all cases reported verbally, in writing, anonymously, or from third parties, shall be entered into the Agency's computerized investigation database. The Warden will refer the allegation as soon as possible, but no later than 1 business day after the report was made to the</p>

Internal Affairs Division in accordance with P.D. 01.01.140 Internal Affairs.

The facility PREA Coordinator, supervisors and Investigators work very closely together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly and if an inmate alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will make the initial report. The supervisor will complete the PREA First Responder Checklist and complete the Request for Investigation (CAR-986) packet will be forwarded to the PREA Coordinator for review. The Investigator coordinates as needed with the PREA Coordinator to determine the course of action and the PREA Analyst is notified. Internal Affairs has jurisdiction to investigate all allegations of employee and inmate misconduct. The Internal Affairs Manager shall review each allegation entered in AIM and determine the type of investigation to be completed, whether at the facility or monitored by Internal Affairs. The Michigan State Police conduct all criminal investigations for SRF and the MDOC and will be notified if there is suspected potential criminal charges and if the case appears to be prosecutable, the MSP will make a referral for prosecutorial efforts.

Upon completion of the investigation, a final review by Internal Affairs is not required unless the severity of the allegation has increased during the investigation, in which case, Internal Affairs shall be immediately contacted. The investigation is handled by the worksite on behalf of Internal Affairs. The completed investigative file, including all original documents and attachments, shall be forwarded to Internal Affairs for review, closure processing, and storage. Upon completion of the Internal Affairs review, the appropriate worksite administrator shall be provided with a copy of the official investigative packet. All inmate deaths reported are assigned 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 evident within these investigations. The MSP are responsible for conducting criminal investigations should criminal behavior be observed during the facility's administrative response. Agency policies, interviews, and a review of facility investigations demonstrates that the facility follows provision (a) of the standard.

The MSP investigate criminal allegations involving staff as specified under the reviewed PD 01.01.140. The investigation is monitored and coordinated by the Internal Affairs Division. PD 03.03.140 and PD 03.03.140, which were reviewed by this Auditor. These policies' address referrals to MSP of inmate-on-inmate non-consensual sexual acts and staff sexual misconduct/harassment that would constitute a criminal act. Agency policies are published on the agency's website.

Conclusion:

The Auditor reviewed investigative files, conducted administrative interviews, and observed daily assignments at Saginaw Correctional Facility to determine the facility is compliant with provisions of this standard.

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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.31 Employee Training</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Training Records</p> <p>Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Prisoners-PREA</p> <p>MDOC Training Plan 2022</p> <p>PREA In-service report</p> <p>Staff Interviews</p> <p>Policy requires that all facility employees, student assistants, unpaid student interns, and contractors if they work inside a correctional facility or field office, which includes employees of other State agencies, are required to successfully complete in service training in accordance with the requirements set forth in Policy Directive 02.05.101 In-Service Training and in the 2022 Training Plan. In accordance with the PREA Manual, employees are required to complete PREA training at a minimum of every two years. However, the training is completed annually to aid in fulfillment of annual training requirements and to ensure each employee remains up to date on the MDOC policies and procedures regarding sexual abuse and harassment.</p> <p>During the pre-audit, the Auditor was provided copies of the agency’s PREA curriculum, training logs, certificates of completion, and training acknowledgement forms for review. They included the topics referencing Zero tolerance for sexual abuse and sexual harassment, definitions of sexual abuse and sexual harassment, Staff duty to report to include third party allegations, staff neglect and misconduct, Anonymous allegations, How to report and investigate allegations, supervision and monitoring, employee training, and Limits to cross gender viewing.</p> <p>The SRF 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 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 SRF.</p>

	<p>The SRF 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; however, the training is available annually to aid in fulfillment of annual training requirements. As part of the facility's pre-audit documentation, it provided records of 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, all employees at SRF have completed the required training. The Auditor was provided copies of the agency's PREA curriculum, training logs, and training acknowledgement forms for review and the curriculum meets all requirements of the standard.</p> <p>Conclusion</p> <p>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>115.32 Volunteer and contractor training</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Prisoners-PREA</p> <p>Policy 03.02.105 Volunteer Services Program</p> <p>MDOC Correctional Facilities Administration (CFA)</p> <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 training required for all new employees, contractors, vendors, skilled trades, construction workers, student interns and volunteers who provide services at facilities. Vendors who have direct continuous supervision and/or escort by facility staff, are required to review the PREA module and provide a signature as understanding of requirements.</p>

	<p>The Auditor reviewed the training curriculum and verified it included information required by the standard. Training rosters and random training files were reviewed to verify and ensure all contracted employees and volunteers have received the required training. New contractors and volunteers are given PREA training during their orientation before assuming their duties and sign a verification form as acknowledgment they have received the information. All volunteers and contractors, who may have contact with inmates, have been trained in agency'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 training module for MDOC employees. The training procedures given provides information about respectful interactions with transgender inmates, physical boundaries, and overfamiliarity. Interviews with contractors demonstrated that they were aware of their responsibilities to both report incidences of sexual abuse and sexual harassment, as well as how to act as a first responder to preserve potential evidence and who there were to report to. The agency's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures.</p> <p>Conclusion:</p> <p>The Auditor concluded the facility is appropriately training volunteers, contractors, and staff, ensure documentation of training is maintained. The Auditor determined through a review of agency policies, procedures, training curriculum, acknowledgment forms and interviews, 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>115.33 Inmate education</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Prisoners-PREA</p> <p>Policy 04.01.105 Reception Facility Services</p> <p>Policy 04.01.140 Prisoner Orientation</p> <p>CAJ-1036 Prisoner PREA Education Form/ and 72-hour form</p>

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 the standard which states all inmates will receive comprehensive PREA education during intake and upon transfer to another facility within 30 days of arrival. Upon 72 hours of arrival at a facility, an inmate will receive educational material on Zero tolerance, how to report, name of the facility PREA Coordinator, contact information for outside Reporting agency, Victim advocate services, and Emotional support services. In accordance with policy 04.01.140, inmates shall receive orientation upon arrival at a MDOC facility and the Warden will develop and maintain an orientation program for newly arrived inmates.

During intake processing, inmates receive comprehensive information explaining the Agency'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 if possible, by video/CD/DVD presentation. When possible, discussion shall be facilitated by a peer educator with staff supervision or a staff facilitator. Topics covered during inmate education include inmates' rights to be free from sexual abuse and sexual harassment and/or retaliation for reporting such incidents, available methods to report incidents, and agency policies and procedures for responding to such incidents. Upon transfer, inmates shall receive education to the extent that policies and procedures of the inmate's new facility differ from those of the previous facility.

The directives address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. Through interviews with the PREA Coordinator and random inmates, this education is completed in the assigned housing unit for newly received inmates by the prison counselor or other unit management staff. Staff also issue 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.

During intake processing, each counselor is required to complete an immediate file review to ensure that documentation of this education session. If documentation of this education is missing, the inmate is immediately scheduled for a repeat of this education at the facility. During the audit tour, the Auditor randomly sampled inmate files and requested that MDOC staff show movement records to verify that education was provided in a timely manner. The agency and facility maintain documentation of inmate education via MDOC form CAJ-1036. As part of the facility's intake and

	<p>receptions procedures, each new reception's file is reviewed, and it is verified that the inmate has documented receipt of training within the file.</p> <p>The facility utilizes a phone system that contracts an outside vendor and has embossed braille and door tags with braille as proof of its provision of interpretative services for disabled or LEP inmates during the intake education process. The facility also maintains copies of PREA training materials, The PREA Resource Center's "An End to Silence", Agency PREA publications, and the PREA standards are located in the law library. The facility also posts these documents on housing unit bulletin boards to ensure that the inmate population is aware of their availability. This Auditor reviewed these training materials, the library inventory and interpretation invoices.</p> <p>The Agency publishes written educational materials, such as the PREA brochure, PREA posters, and Prisoner 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. Inmates receive a PREA brochure that is published in both English and Spanish during their intake process and these materials were observed to be available to inmates. in various other areas. The Auditor observed the efforts of the facility to actively advertise and promote PREA resources throughout all areas of the facility,</p> <p>Conclusion:</p> <p>The Auditor determines compliance, and 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>115.34 Specialized training: Investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse Sexual Harassment of Prisoners-PREA</p> <p>Basic Investigator Training Manual (June 2019)</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>Agency policy is written in accordance with the standard. Investigations of sexual abuse/sexual harassment shall only be completed by employees who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual. In accordance with the PREA Manual, facility investigators are required to receive specialized training from the Training Division to be able to conduct sexual abuse investigations in confinement settings.</p> <p>The agency has a Basic Investigator training manual that provides additional, specialized training for agency investigators to assist in all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a 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 on administrative investigations. The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution. The Auditor verified the training for the investigators. The agency 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 provision (b) of the standard. The facility maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by this Auditor to verify employees that had completed the Basic Investigator Training and completed the NIC specialized investigator training in satisfaction of provision (c) of the standard.</p> <p>Conclusion:</p> <p>The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies, directives, training curriculum, PowerPoint Presentations, training records, investigative reports and conducted interviews with investigators to determine the agency meets the requirements of this standard.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

115.35 Specialized training: Medical and mental health care

Policy, Materials, Interviews and Other Evidence Reviewed

Policy Directive 02.05.101 In-service Training

MDOC PREA Plan

Basic Training Module

PREA Health Care and Mental Health Training Progress

Interviews

MDOC Operating Procedure requires that all staff members receive PREA training in accordance with standard 115.31. Furthermore, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training. Student assistants, unpaid student interns, all Agency employees, and if they work inside a correctional facility or field office, and contractual employees are required to successfully complete in-service training in accordance with the requirements set forth in policy and the In-Service Training Plan.

The Auditor reviewed the agency training curriculum specific to medical and mental health staff. These materials coincide with the Basic Training Module to cover the four points required by the standards. Training materials cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and sexual harassment, and facility reporting responsibilities for allegations of sexual abuse and sexual harassment. Student assistants, unpaid student interns, all facility employees, and contractual employees, are required to successfully complete in-service training in accordance with the requirements set forth in this policy and the In-Service Training Plan.

The MDOC also provides training to its entire medical and mental health staff to serve as a qualified agency staff member, with respect to providing victim advocacy services in the event an individual needs such support. Medical and mental health practitioners with the MDOC receive training beyond the standard's minimal requirements. Contractors who enter the facility to conduct forensic exams must be appropriately trained to conduct such exams and be provided with required Agency contractor training and agree to abide by policy prior to providing services within the department. PD 02.05.101 and the PREA Manual establish procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The facility provided documentation of medical and mental health practitioners having completed the training modules related to their specific disciplines and 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 covers the standard requirements.

Facility staff do not conduct forensic examinations, therefore, training records

	<p>consistent with provision (b) of the standard are not required to be reviewed. The facility provided documentation of medical and mental health practitioners' completion of the specialized training documents that are kept in electronic training records. The Auditor interviewed medical and mental health supervisors who were knowledgeable of the training received. They confirmed having received the general and specialized training during part of their hiring protocol and annually at in-service. A review of their training documentation provides evidence the training has been provided and the participants understand the requirements of PREA.</p> <p>Conclusion:</p> <p>Based on the Auditor review of the agency's policies, procedures, inmate records, and interviews, determined the facility exceeds the requirements of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41 Screening for risk of victimization and abusiveness</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Prisoners</p> <p>Policy Directive 05.01.140 Prisoner Placement and Transfer</p> <p>PREA Risk Assessments Manual and Worksheet (CAJ-1023)</p> <p>Basic Training Module</p> <p>Interviews</p> <p>MDOC Operating Procedure states that a transferred inmate shall be screened within 72 hours of arrival at the receiving facility to identify any history of sexually aggressive behavior and to assess the prisoner's risk of sexual victimization. Staff shall complete the PREA Risk Assessments Worksheet (CAJ-1023) in accordance with the PREA Risk Assessment Manual. The Auditor interviewed staff who explained the initial intake process upon arrival at the facility. Interviews with various staff verified that within 72 hours of admission, inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior and is typically done by the prison counselor. During interviews with random inmates, most all remember being asked some PREA related questions during their admission.</p> <p>Policy indicates that all inmates shall be assessed during an 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 Agency's computerized</p>

database risk assessment tools shall be used to determine a inmate's risk. The assessment shall be completed using information contained in the inmate's file and from computerized databases available to employees. Inmates shall be interviewed and their refusal to answer/ disclose information shall be noted in the Agency's computerized database, and they will not be disciplined. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, in assessing inmates for risk of being sexually abusive. According to the PAQ and MDOC Operating Procedure, the PREA screening instrument included all the required elements in accordance with the standard.

PD 05.01.140 requires all inmates to be screened for risk of sexual victimization or risk of sexual abusing other inmates within 72 hours of their intake. Interviews with inmates confirmed that they were screened within 72 hours of their intake. Random review of inmates' files supports initial screening within 72 hours, psychological screening, and reassessment within 30 days from date of arrival. 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/or based on a referral from a staff member. Interviews with additional staff, including the prison counselors also indicated that an inmate's risk level is reassessed based upon a request, referral, or incident of sexual assault.

Inmates are asked their sexual orientation, in addition to the reviewing staff's perception. Within 30 days from the inmate's arrival at SRF, staff reassesses 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. 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 whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

The Auditors interviewed staff who complete the screenings. The staff indicated that the risk screening is completed within 72 hours and any previous PREA risk assessments are reviewed. The screenings are completed in the electronic records system. Targeted interviews with staff, as well as the PREA Coordinator and Counselors verified that risk assessments are performed within 72 hours of intake. The questions and answers are recorded by the staff. There are areas on the form that allows for documentation of additional details related to the question. The Auditor reviewed random inmate files and looked at their intake records and risk screenings to compare the admission date and the date of admission screening and all randomly selected files had received risk screenings within 72 hours of intake.

The counselor and PREA Coordinator confirmed that 30-day reassessments are being

	<p>completed on inmates, including an in-house meeting with the inmates. The Auditor reviewed random inmate files to determine if 30-day reassessments had been completed and most of the randomly selected files had received a reassessment within the required timeframe. The facility was initiating a perpetual audit internally to correct any oversights of 30 day reassessments that may have occurred during the Covid lockdown.</p> <p>MDOC Operating Procedure stipulates that no inmate shall be disciplined for refusing to answer or disclose information in response the risk assessment questions. According to targeted interviews with the staff, there have been no instances of inmates being disciplined for refusing to answer screening questions. The Auditor reviewed inmate files and determined that the initial risk assessments are being completed within 72 hours as required and the 30-day reassessments are being completed on a consistent basis.</p> <p>Conclusion:</p> <p>The Auditor conducted a thorough review of policies, procedures, inmate records, made observations and 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
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.42 Use of screening information</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Prisoners (PREA)</p> <p>Policy Directive 05.01.140 Prisoner Placement and Transfer</p> <p>Policy Directive 04.06.184 Gender Dysphoria</p> <p>OP 03.03.140 Sexual Abuse and Sexual Harassment of Prisoners (PREA)</p> <p>Interviews</p> <p>The Auditor reviewed inmate classification records that revealed facility staff made individualized considerations when determining their housing, bed, work, and other assignments to ensure each inmate was housed safely in the facility. The Auditor observed that classification staff utilize information obtained from the Risk Screening</p>

to assign facility housing, bed, and work assignments and ensure vulnerable inmates are protected. The counselor ensures information is entered in the system so inmates identified at risk of victimization are not placed in a work, program, or education assignment with those identified as potential abusers.

The auditor verified that counselors conduct the risk screening of all inmates during the intake process and considers an inmate's own perceptions of their safety before making classification decisions. The screening tool includes sections for the counselor to document his/her own perceptions of the inmate. The Auditor conducted a formal interview with inmates who identified as gay or bisexual and 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.

The Auditor toured all housing units in the facility and observed shower and restroom areas which has a partition that blocks view into the shower area. Inmates can shower, change clothes, and use the restroom without staff of the opposite gender seeing them fully naked. Transgender and intersex inmates are allowed to shower separately from other inmates during the facility's count times or when the showers are closed to the general inmate population.

The agency uses a computerized assessment process to arrive at an inmate classification for risk and the results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. The Auditor was provided a copy of the facility count sheet that identifies housing assignments along with assessed risk of inmates. The agency also issued an agency-wide memorandum to prohibit the pairing of identified aggressors and potential aggressors with victims or potential victims in isolated work assignments or those work areas with any blind spots that could enable sexual abuse.

Counselors and Classification staff consider an inmate's own perceptions of their safety when making programming decisions. The screening tool includes sections for the staff to document his/her own perceptions of the inmate. Staff use this information to make recommendations on housing, bed, work, program assignments and referrals with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Inmate records indicate facility staff make individualized considerations to ensure each inmate is housed safely in the facility.

When an inmate is determined to be high risk for victimization or high risk for abusiveness, it is the responsibility of the staff member conducting the screening to enter the results and make appropriate referrals. An inmate that is determined to be at high risk for victimization will not be placed in the same cell or general area as an inmate that has been determined to be high risk for abusiveness. It is the responsibility of the staff to check each inmate being placed in a job that has been determined as an area where there should not be victims and abusers working together. All program and education areas are staffed when in operation and are

monitored by cameras.

MDOC Operating Procedure requires that the agency will consider housing for transgender or intersex inmates' case-by-case basis in order to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their safety shall 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 this standard. Interviews with facility staff indicate that placement of any transgender or intersex offenders is made on a case-by-case determination. Agency policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year to review any threats to safety and a transgender inmate's views with respect to his or her safety will be given serious consideration.

The counselor is required to meet with transgender inmate bi-annually to ensure there are 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 addressing their concerns.

The Auditor reviewed documentation that inmates' housing was based upon objective finding and LGBTI inmates were not placed in dedicated units. A review of the roster indicated that identified LGBTI inmates are in different units, buildings, wings, and bed areas throughout the facility. SRF was not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender or intersex inmates.

Conclusion:

The Auditor conducted a thorough review of policies, procedures, inmate records, made observations and interviewed staff and inmates to determine the facility meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.43 Protective Custody

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 04.05.120 Segregation Standards

SRF OP 04.05.120 Segregation Standards

MDOC PREA Plan

Interviews

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

The MDOC PREA Manual states that inmates at high risk for sexual victimization or who are alleged to have suffered sexual abuse shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete, and a determination has been made that no less restrictive means of separation from likely abusers exist. If the review cannot be conducted immediately, the 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 shall 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 observed on-site and through documentation, that the facility has an electronic assessment and bed management system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evidenced during the tour and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered.

Through pre-audit materials, the facility reports that 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 location that can afford safety.

SRF ensure that inmates shall maintain access to recreation, educational programming, and religious programming to the extent they are administratively

feasible and can be safely afforded. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. The facility has not placed any victims in involuntary segregation. In accordance with agency policy, SRF does not place inmates who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. Agency policies are written in accordance with the standard and cover all mandated stipulations and according to the 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. According to targeted interviews with staff who supervise inmates in restrictive housing, they were not aware of any inmate being placed in restrictive housing because of high risk for sexual victimization.

Staff are aware of the MDOC Policy and their responsibilities regarding this standard and would conduct an immediate assessment and review available housing alternatives prior to placing inmates in Special Management Housing. Staff must assess and document all available alternatives and decide that no available alternative means of separation from likely abusers exists prior to placing an inmate at high risk of sexual victimization or an inmate who has alleged sexual abuse or sexual harassment in involuntary segregated housing. Staff indicate that an inmate identified as high risk would be moved to another housing location and not placed in segregation unless it was a temporary placement to keep the inmate safe until the investigation was complete, or the inmate requested it. The PREA Coordinator verified that no inmates during the audit period have been 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 otherwise orderly inmate.

The agency and SRF have a computerized assessment and bed management system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. Through document review and interviews with staff and inmates, the facility takes adequate measures to ensure individualized safety needs are considered. The agency policy states that if inmates were placed in restrictive housing for involuntary protective purposes, they would be permitted programs and privileges, work, and educational programs to the extent possible. Further, the policy stipulates that such an involuntary housing assignment would not normally exceed 30 day and such a placement would be documented to include the justification for such placement. According to the policy, if an inmate is confined involuntarily under these circumstances, the facility shall review the continuing need for placement.

During the on-site portion of the audit, the Auditor reviewed all 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 solely for protective purposes for being a high-risk victim or having made an allegation.

Conclusion:

	<p>The Auditor reviewed MDOC policies, procedures, Sexual Abuse/Sexual Harassment Available Alternatives Assessment form, Inmate Alert Report, made observations, interviewed staff and inmates. Based on the reviews, the facility has demonstrated compliance with all the provisions and meets this standard.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51 Inmate reporting</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 05.03.118 Prisoner Mail</p> <p>MDOC Prisoner Guidebook</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>PREA Course Facility</p> <p>Reporting Posters</p> <p>Interviews</p> <p>MDOC policy states facilities must provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities, which may have contributed to such incidents. During interviews with both inmates and staff, it was clear that these options are well publicized. The MDOC Operating Procedure designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse and Policy is written in accordance with the standard. The MDOC PREA Plan states that inmates may privately report sexual abuse, sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment, and staff neglect or dereliction of duty that may have contributed to such incidents verbally, in writing, anonymously or through third parties. Inmates can file such reports through verbal and/or written report to any staff member, the MDOC Sexual Abuse Hotline, via third parties, or informing the Michigan Legislative Corrections Ombudsman.</p>

The inmate Grievance Procedure is one way in which inmates can privately report sexual abuse and sexual harassment, retaliation by other inmates, retaliation from staff for reporting sexual abuse and sexual harassment, and/or any staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are not required to resolve an incident of sexual abuse or sexual harassment with staff or submit the grievance to the staff member who is the subject of their sexual abuse or sexual harassment allegation. Grievances regarding sexual abuse or sexual harassment will not be referred to the staff member who is the subject of the grievance and they will not be charged for filing a grievance regarding sexual abuse or sexual harassment unless it is determined that it was filed in bad faith.

When receiving any report of sexual abuse or sexual harassment, regardless of the source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for investigation. Inmates may 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 Manager on a (PREA): 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.

During audit tour informal interviews, staff were aware of their obligations to accept reports from inmates and most inmates who were informally interviewed stated they were comfortable making a report to a staff member. Staff and inmates were aware of the ability to make written reports through the various available means and were aware of the hotline. This Auditor reviewed facility investigations randomly selected for post-audit review and noticed that multiple forms of inmate reporting. During the tour, adequate reporting hotline posters were prominently displayed throughout the facility.

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

Neither the facility nor the agency can hold individuals for civil immigration purposes to require information. During interviews, residents stated that they could talk to any of the staff if they had any issue. Several expressed that they felt safe and knew of the PREA safety postings on the bulletin boards in the housing units, dining hall, and other shared areas. According to the Civil Immigration Memo, the agency does not house inmates for immigration purposes.

Conclusion:

The Auditor reviewed the agency's policies, procedures, Inmate Handbook, grievances, investigative records, and conducted interviews with staff and inmates to

	determine the facility meets the requirements of this standard.
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115.52 Exhaustion of administrative remedies
Auditor Overall Determination: Meets Standard
Auditor Discussion
<p>115.52 Exhaustion of administrative remedies</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SRF 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>Agency policy states that the MDOC has eliminated the administrative grievance procedure for addressing prisoner 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 handling 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:</p> <p>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>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53 Inmate access to outside confidential support services</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Prisoners (PREA)</p> <p>Policy Directive 05.03.130 Prisoner Telephone Use</p> <p>International Posters (English and Spanish)</p> <p>Prisoner Guidebook</p> <p>Interviews</p> <p>The Auditor determined the agency and facility work collaboratively to establish relationships with outside support services. Just Detention International (JDI) have provided supplemental victim advocate services to inmates of the SRF. These services included referral to survivor outreach services and provide limited immediate emotional support services. Information for inmates to contact JDI was visible and available in the inmate housing units.</p> <p>The MDOC had established a Memorandum of Understanding 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 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.</p> <p>The Auditor observed that the facility advertises the availability of these resources on inmate bulletin boards within the housing units, ensuring that the inmate population is informed of their availability. Inmates are made aware of how communications are monitored, and which lines of communication are not monitored for confidentiality purposes. Signs posted on the inmate housing units for JDI included statements that the calls may be anonymous and will 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. Targeted interviews with medical and mental health reveal they are aware of their obligations to inform the inmates of the limits of confidentiality. The Auditors reviewed documentation that verified this is being conveyed to the inmates. There are also posters located throughout the medical and mental health areas with the contact information provided. Inmates are informed of the services during intake and SRF provides inmates information regarding confidential support services through the trifold PREA Brochure that they</p>

	<p>receive during orientation.</p> <p>Mailroom staff interviewed stated that outgoing mail is not opened or searched and no restrictions on inmates sending mail to external reporting entities, outside emotional support services, and legal mail.</p> <p>SRF has an MOU with Just Detention International (JDI) that stipulates they provide a Hotline phone service for confidential support services. The Auditor was provided 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, Saginaw Correctional Facility meets the requirements of this standard.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54 Third-party reporting</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Prisoners (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>The Auditor reviewed the OP 03.03.140 PREA and Prohibited Sexual Conduct Involving Inmates that indicated that inmates may report allegations of conducted prohibited. Threats of such conduct and retaliation for reporting such conduct can be reported verbally or in writing to any Agency staff member, through the MDOC Sexual Abuse Hotline, the Legislative Corrections Ombudsman or through a 3rd-party avenues.</p> <p>The facility responded that they provide a method to receive third-party reports of</p>

	<p>inmate sexual abuse or sexual harassment. The facility provided samples of items that can be completed on behalf of alleged sexual abuse or sexual harassment victims. These items include information for third-party submission and instructions for use of a Legislative Corrections Ombudsman. Any claims received will be immediately forwarded to MDOC officials.</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 sexual harassment on behalf of inmates. The SRF policies were reviewed including the PREA Manual that indicated that 3rd parties, inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in reporting on an inmate’s behalf. The site 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 PREA office. During the onsite phase of the audit, the audit team observed PREA posters displayed throughout the facility which indicates that inmates, staff, or the public 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. To report, third parties can contact the facility, Call the Prison Rape Elimination Office Sexual Abuse Hotline, Report Online or Write the Prison Rape Elimination Office.</p> <p>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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.61 Staff and agency reporting duties</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Prisoners (PREA)</p> <p>Special Investigative Unit</p> <p>Reporting Serious or Unusual Incidents</p>

Prison Rape Elimination Act

Medical Screenings, Classification, and Levels of Care

Inmate Services Investigative Records

Training Curriculum

Training Records

Interviews Staff

Inmate interviews

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

MDOC requires that all staff report sexual abuse and sexual harassment immediately to a supervisor or other staff member of a higher rank. Once the abuse is reported, staff are instructed and required by policy not to discuss the situation/allegation with anyone else unless those staff are investigating, making security decisions, or providing services to the inmate victim. During the interviews, the Auditor determined all staff were clear that they should report any suspicions they have regarding sexual abuse or sexual harassment of an inmate.

The Auditor reviewed agency training curriculum for staff, volunteers and contractors which included training they received on reporting of sexual abuse and sexual harassment allegations. Each staff member is required to read the agency's policies and sign receipt of attendance on an annual basis. The Auditor verified through training record review of staff, contractors, and volunteers, that they had received training and reviewed the policies on how to report serious or unusual information related to PREA policy. Per the PREA Manual, only acceptable disclosures are relative to investigative, treatment, security, and management decisions. During the random staff interviews, staff were asked about their requirement for maintaining

confidentiality. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. Staff interviewed stated that 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 Investigator verified that all investigative files are maintained with limited access to personnel.

The policy states that 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 that include medical treatment, investigation, and other security and management decisions.

During the audit tour, and through interviews with line staff, administrators, and PREA Coordinator, it was observed that Saginaw Correctional Facility does not house youthful offenders and is therefore compliant with provisions included in the standard. PD 03.03.140 Prohibited Sexual Conduct Involving Inmate Investigation of Allegations of Prohibited Conduct, requires the facility to report any allegations of sexual abuse, harassment, including third party and anonymous reports to investigators. In accordance with PD 03.03.140 "Prohibited Sexual Conduct Involving Prisoners" and the Agency Employee Handbook, staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred involving a inmate under the jurisdiction of the Facility including third party and anonymous complaints.

Policy requires that all medical and mental health personnel inform inmates of the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. The PREA Manual and agency policy clearly require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting and Clinicians are required to disclose their duties to report. Additionally, the medical and mental health providers were able to discuss the limits to confidentiality they have and how they provide that information to inmates at the beginning of any medical or mental session they have with that individual.

Conclusion: It was determined through review of policies and interviews with PREA compliance manager, medical, mental health practitioners, and investigator, that the facility meets the provisions for the standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62 Agency protection duties</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 05.01.140 Prisoner Placement and Transfer</p> <p>SRF OP 05.01.140 Prisoner Placement and Transfer</p> <p>Investigative records</p> <p>Interviews</p> <p>MDOC Operating Procedure is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. The Auditor reviewed the PREA Manual that states that when a inmate is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the inmate by ensuring no contact between the alleged abuser and the alleged victim. Such actions can include housing changes, temporary segregation, reassignment, stop orders and transfers that must be documented, including the time between report and when the action was taken.</p> <p>Staff interviewed by the Auditor were able to answer questions correctly regarding what immediate actions were required if they learned an inmate was at imminent risk of sexual abuse. Higher level staff interviewed by the Auditor were knowledgeable of the options they have available to protect inmates if these circumstances were to arise at their facility. These options included relocating the inmate to a different housing unit at the facility or transferring the inmate to another facility and would be determined on a case-by-case basis and with the best interest of the inmate in mind. The facility head is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims.</p> <p>The Agency requires Medical and Mental Health Professionals immediately consult with the Warden or designee and recommend housing interventions or other immediate action to protect an inmate when it is determined the inmate is subject to a substantial risk. If medical staff determine during an assessment that an inmate is at risk of imminent sexual abuse or is considered at risk sexual victimization, they will work closely with the Warden and Unit Team to provide alternative housing placement. SRF reports in the PAQ that there have been no determinations made that an offender was at substantial risk of imminent sexual abuse.</p> <p>Conclusion:</p> <p>The Auditor reviewed agency policy, procedures, investigative records, conducted</p>

	<p>interviews with staff and inmates, made observations and determined SRF meets the requirements of this standard.</p>
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115.63 Reporting to other confinement facilities	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.63 Reporting to other confinement facilities</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 Sexual Abuse and Sexual Harassment of Prisoners (PREA)</p> <p>MDOC PREA Manual</p> <p>Interviews</p> <p>The MDOC's policy is written in accordance with the PREA standard and requires that if the Warden or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he/she must make notification within 72 hours. The standard states that if a 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 shall 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 shall provide email notification immediately, but no later than 72 hours, to the Warden or Administrator of the other location where the incident was alleged to have occurred.</p> <p>When a PREA allegation is received by any MDOC office or location other than a correctional facility, it shall be reported using the MDOC Online PREA Reporting Form located on the MDOC PREA website. This includes any allegation received regarding sexual abuse and sexual harassment at a county jail, state, or federal prison, MDOC facility, or a juvenile detention facility. If any documents related to the allegation are available, they must be scanned and e-mailed to the PREA Manager for review.</p> <p>The Auditor conducted formal interviews with SRF staff and asked what actions they take if an inmate alleges to have been sexual abused while confined at another facility. Each staff member stated they would immediately report the allegation to</p>

	<p>their supervisor and submit an Incident Report including the details of the allegation as reported to them. The Auditor asked facility supervisors what their actions would be after receiving such information and was informed the agency investigator would immediately be notified.</p> <p>SRF reported receiving zero 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 and confirmed their understanding of their obligation to report allegations in accordance with the standard. The Warden stated that if an allegation that an inmate alleges suffering sexual abuse at another facility is received, they would place a telephone call followed by an email to Warden at the facility mentioned to complete the notification process. The Warden stated they would ensure the SRF facility investigator 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 manager, and Warden. It is determined that SRF 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>115.64 Staff first responder duties</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> <p>The Auditor conducted interviews with supervisory staff to determine what their role would be following a report of sexual assault. The supervisors stated that they would ensure the alleged victim and alleged abuser were removed from the area the incident occurred and kept separately in the facility. The area of the incident would be secured, and a staff would ensure no one entered the area and disturb the evidence. The alleged victim would be taken to medical for treatment of any emergent needs</p>

and transported to the local hospital for a forensic exam, if needed. Random staff who have acted as first responders indicated during interviews with the Auditor, that they were aware of their responsibility regarding their duties. A review of the investigation files supported that staff acted appropriately when responding to allegation of Sexual Abuse by taking the appropriate steps to separate the alleged victim from alleged abuser, preserve the crime scene, protect evidence, and report.

MDOC Policy requires that if the first responder is not a security staff member, that they immediately notify a security staff member. The Auditor conducted formal 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 and would also request the victim not take actions to destroy evidence.

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 agency's training records and the records verified that sexual abuse training had been conducted and training was documented. The training records of staff, contractors, and volunteers, verified they had received training to appropriately respond to incidents of sexual abuse. The Auditor conducted formal interviews with non-security first responders and medical staff referencing training received by the agency to respond to incidents of sexual abuse. Non security staff understood their responsibility to protect the inmate and preserve the evidence. The 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 all well versed in their responsibilities as a first responder to an allegation of sexual abuse or sexual harassment.

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

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.65 Coordinated response

Policy, Materials, Interviews and Other Evidence Reviewed:

Operating Procedure (DRF-03.03.140) Prohibited Sexual Conduct Involving Prisoners

MDOC PREA Manual

Interviews

Coordinated Response Plan

The MDOC policy requires each agency develop a written plan to coordinate actions taken in response to an incident of sexual abuse. The facility has developed its own operating procedures for agency policy 03.03.140. 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 shall 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:

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 Manager
6. Administrative Response

The Auditor conducted formal 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. Each person interviewed was knowledgeable regarding their specific duties as required in the SRF Coordinated Response Plan. The Auditor determined the facility has prepared its staff to take appropriate actions in response to sexual abuse. The Auditor found facility staff, volunteers and contractors have been appropriately trained in their responsibilities to respond to an allegation of sexual abuse. The Auditor verified that all facility personnel, volunteers, and contractors had received the training.

The Auditor interviewed the Warden, investigator, medical staff, mental health staff, and PREA Coordinator, in regards to the initiation of the coordinated response in the

	<p>case of 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 handled 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:</p> <p>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. Based on a review of the agency's policies, procedures, Coordinated Response Plan, Sexual Assault Response Checklist, training records, and interviews with staff and inmates, the Auditor determined that SRF meets the requirements of this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.66 Preservation of ability to protect inmates from contact with abusers</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> <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</p>

	<p>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 agency from removing staff for cause during an investigation. The Agency Head confirmed that the agency 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, consistent with provision (a) of the standard. Specifically, when warranted, the employer may take actions that include suspension of an employee during an investigation. This suspension may continue until the time where disciplinary actions are determined. There are no terms within the bargaining contracts that prevent the employer from removing staff for cause during an investigation.</p> <p>Conclusion:</p> <p>The Auditor finds SRF compliant with this standard and meets the requirements.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.67 Agency protection against retaliation</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners (PREA)</p> <p>OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners (PREA)</p> <p>MDOC PREA Manual</p> <p>CAJ-1022 PREA Sexual Abuse Retaliation Monitoring form sample</p> <p>Interviews</p>

The facility has several protection and reporting measures for inmates. Policy outlines the protection measures available and requires the prompt re-mediation of any type of retaliation, any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is a form for documenting retaliation. The monitoring log requires the Investigator to document the action in a specified column after making a status check on the inmate and the retaliation monitor documents any specific actions or comments in the comments section on the monitoring log.

Staff interviews indicate the PREA Compliance Manager monitors retaliation for up to 90 days and retaliation may be monitored beyond 90 days, if warranted. If a staff member was involved, 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 separate from one another. Other options to protect against retaliation may include protective custody, housing reassignments, or transfer to another facility.

Samples of PREA Sexual Abuse Retaliation Monitoring forms (CAJ-1022) were supplied that showed that retaliation monitoring occurred for both staff and inmates in line with policy and procedures. Additionally, interview with staff that conduct Retaliation monitoring supported that the comprehensive review was conducted for each week of monitoring, or until the allegation was unfounded. Staff conferred that evidence of retaliation would be reported for an investigation. Supervisory staff shall monitor for disciplinary sanctions, housing/programming changes and conduct periodic status checks. These forms outlined that weekly the following factors would be reviewed, and face-to-face interviews would be conducted.

The MDOC's policy is written in accordance with the standard and states retaliation by or against any party, staff or inmate, that is involved in a complaint or report of sexual abuse or sexual harassment, shall be strictly prohibited. Agency policy and the PREA Manual indicate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The agency designates a Supervisory staff member, other than the direct supervisor, shall monitor the incident. They will monitor retaliatory performance reviews, reassignments, and other retaliatory actions not substantiated as legitimate discipline or performance based. Supervisory staff shall also monitor for 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 shall be protected from retaliation from staff and inmates.

Retaliation shall be grounds for disciplinary action and will be investigated. Per the

	<p>PREA Manual, if any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall 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.</p> <p>The Auditor conducted a formal interview with the staff member responsible for monitoring retaliation and their duties as Retaliation Monitor. Their duties include a 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). Staff stated the monitoring period would be a minimum of 90 days, and longer if necessary. In the event the inmate cannot be protected at the facility, the staff can and will recommend a transfer.</p> <p>Administrative staff have the authority to move inmates within the facility or to request transfers to other facilities or take other measures to ensure inmates are not retaliated against. Inmates are not held in the Special Management Housing Unit 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:</p> <p>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>115.68 post-allegation protective custody</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> <p>The MDOC's policy is written in accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Agency policy prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p>The Auditor determined by reviewing facility reports, interviews with the Warden and PREA Coordinator, and documentation in the PAQ, that no inmates have been placed into involuntary segregation due to risk of victimization in the 12 months preceding this audit. The facility PREA Compliance Manager noted SRF did not place any inmate in protective housing due to being at high risk for sexual victimization during the past 12 months. SRF will not use protective 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 Manager, and a review of investigative files. Interviews with the supervisory staff as well as the PREA Coordinator, Unit Management Staff, 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 agency 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 a determination has been made that there is no available alternative means of separation from likely abusers. The Auditor reviewed SRF 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 SRF.</p> <p>Conclusion:</p> <p>Compliance was confirmed by review of policy, interviews with RUM and PREA compliance manager, 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

115.71 Criminal and administrative agency investigations

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 03.03.140 Sexual Abuse and Harassment of Prisoners

Policy Directive 01.01.140 Internal Affairs

SRF Operating Procedure -03.03.140 Internal Affairs

MDOC Sexual Violence Response and Investigation Guide

Interviews

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

The Warden or designee will refer the allegation no later than 72 hours after the report was made to the Internal Affairs Division by creating the AIPAS entry for each alleged incident. Agency policy requires that all reports, regardless of their source of origination, be referred for investigation. SRF 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 will have an assigned investigator complete a PREA Sexual Abuse Investigation form and for each sexual harassment allegation, a Sexual Harassment Investigation form will be completed.

Staff shall ensure all allegations are referred to the appropriate law enforcement agency and Michigan State Police, in accordance with policy and law for criminal investigation in conjunction with the facility's administrative investigation. Referrals to law enforcement shall be documented in the facility's investigative report, PREA investigation worksheets and electronic database. The Warden or designee will refer the allegation no later than 72 hours after the report was made to the Internal Affairs Division by creating the AIPAS entry for each alleged incident. Agency policy requires that all reports, regardless of their source of origin, be referred for investigation.

A facility investigator acknowledged that investigations are required to be initiated within 72 hours of being reported and facility practice is generally no less than 24 hours. All reports of sexual abuse and sexual harassment, including anonymous or third-party reports are investigated in the same manner as those allegations that

	<p>have been directly reported by an alleged victim. A review of investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made.</p> <p>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 with the institutional investigators, and the assessments are conducted on all involved parties in the investigation. Every investigation goes through several levels of review to ensure thoroughness of the investigation. The agency is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by at SRF, plus an additional 5 years in accordance with MDOC policy. Policy prohibits the termination of an investigation if an inmate is released, or a staff member is terminated or terminates employment.</p> <p>This Auditor reviewed investigation files, observing that the facility routinely identified and interviewed applicable witnesses, reviewed video surveillance, and retained physical evidence. An interview with a facility investigator confirmed that it is practice for all parties to be interviewed in-person. Additionally, all inmate interviews are video/audio recorded and electronic data is securely maintained, and the investigative files are kept in a locked area with limited access.</p> <p>Conclusion:</p> <p>The review of policy, investigative reports, investigators credentials and interview with SRF investigators, SIU investigators and Warden, confirmed the facility meets requirements for this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72 Evidentiary standard for administrative investigations</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 the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. It was confirmed by the PREA manual and Basic Investigator training manual, that MDOC imposes no standard higher than preponderance of the evidence in making determinations. This is discussed in the investigator training, which all designated investigators have completed.</p> <p>Investigator and the PREA coordinator interviews at SRF confirmed that the 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 indicated that the investigations are being conducted in accordance with the standard.</p> <p>The PREA Manual and the Basic Investigator Training Manual specify that the agency'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:</p> <p>Based on policy review, investigative file review, and interviews noted above, Saginaw Correctional Facility meets requirements of this standard.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.73 Reporting to inmates</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 Prisoners</p> <p>Operating Procedure (DRF-03.03.140) Prohibited Sexual Conduct Involving Prisoners</p>

CAJ-1021 Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action

SRF PREA Annual Report

Interviews

The MDOC Operating Procedure is written in accordance with the standard and requires an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The MDOC PREA Manual states that following investigation of an allegation that an inmate suffered sexual abuse in a facility, the appropriate Warden or Administrator shall ensure the victim is notified in writing as to whether the allegation has been Substantiated, Unsubstantiated/Insufficient Evidence, or Unfounded. Following an allegation that a staff member committed sexual abuse against an inmate, the facility conducting the investigation shall inform the inmate of their determination and such notifications shall be documented using the appropriate form. If notification is unable to be provided, the attempts shall be documented as well as the rationale for the inability to notify. A copy of the form shall be maintained for the PREA Audit. The facility's obligation to provide notification as outlined in this section shall terminate if the inmate is paroled, discharged from his/her sentence, is vacated, or pardoned.

SRF 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 facility provides documented notification of sexual harassment investigatory results. The auditor verified 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.

All alleged sexual abuse investigations completed in the past 12 months, had verification that inmates were notified, verbally or in writing, of the results of the investigation.

Outside 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.

	<p>Conclusion:</p> <p>Interviews with the PREA Compliance Manager, Administration, Investigator, and Inmates that Reported Sexual Abuse showed that inmates are receiving notifications and the facility exceeds compliance with the standard.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76 Disciplinary sanctions for staff</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners</p> <p>Policy Directive 03.03.130 Humane Treatment and Living Conditions for Prisoners</p> <p>Policy Directive 02.03.100 Employee Discipline</p> <p>MDOC Employee Handbook</p> <p>Michigan Penal Code (Act 328 of 1931)</p> <p>Interviews</p> <p>MDOC PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of an inmate shall be terminated from employment. Employees who are found to have violated agency policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts as well as the previous disciplinary history of the staff and comparable to other comparable offenses by other staff with similar disciplinary histories. The staff sanctioning matrix in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with the standard. The PREA Manual and staff sanctioning matrix in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary</p>

actions. According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations.

SRF 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. These cases will be referred for criminal prosecution and will be reported to any 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 takes into consideration the 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 investigator 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 agency'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 agency to notify law enforcement and relevant licensing bodies with the facility's command staff. Executive staff are clear on the requirement following a criminal act of sexual abuse.

The Auditor determined the agency has appropriate policies and practices in place, that ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The agency makes termination the presumptive discipline measure for engaging in acts of sexual violence. The agency reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies.

Conclusion:

Interview with the Warden, Investigator, and the PREA Compliance support that all allegations against staff for sexual abuse, sexual harassment, retaliation, or neglect are investigated and disciplinary action sanctioned, and the facility meets compliance with the standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.77 Corrective action for contractors and volunteers

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners

MDOC PREA Manual

Memo-Investigation of Contractual Employees

Interviews

MDOC Policy hold both contractors and volunteers to the same standards as employees directly hired by the agency when it comes to disciplinary action for engaging in sexual abuse and sexual harassment. Therefore, any contractor or volunteer engaging in these behaviors would 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 Agency sexual abuse and sexual harassment policies. Finally, the PREA Manual requires reporting of such conduct to law enforcement and relevant licensing bodies.

Contractual Employees memo dated December 27, 2016, from the manager of Internal Affairs, all allegations of employee misconduct, including misconduct involving contractual employees, must be entered into AIM; and an appropriate investigation conducted. The contracting agency may perform a separate investigation and remove the employee. Whether a contractual employee should remain at a particular facility will be determined by the Warden/Administrator at that facility/location and will vary depending on the severity of the alleged misconduct. Once an investigation is initiated involving a contractual employee, the contract monitor shall be notified by Internal Affairs. Contractual employees who are the subject of the investigation are permitted to have representation during the investigatory interview. The investigator must advise the employee of this and arrange a date and time that does not delay the investigation. The contractual employee is responsible for obtaining his/her representative; and that person cannot be a MDOC employee. Investigations shall be completed in accordance with Policy Directive 01.01.140 (Internal Affairs) as an IA monitored investigation unless otherwise assigned by Internal Affairs. All completed investigations regarding contractual employees need to be sent to Internal Affairs for final review and closure. Contract employees do not participate in the MDOC disciplinary process. No disciplinary conference will be scheduled. Once Internal Affairs receives and reviews the completed investigation, Internal Affairs will notify the appropriate contract monitor with the results of the investigation. In many situations, it is likely the contractual employee will no longer be working at the correctional facility; but this process will confirm that the incident was appropriately investigated, and proper

action was taken. Neither the contractual employee, nor the contracting agency, will be provided with a copy of the investigation report. The investigation report is exempt from disclosure pursuant to FOIA PD 01.06.110 (U). Upon request, the contract monitor shall be provided a copy of the investigation report by Internal Affairs.

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 and if the conduct is criminal in nature, it will be referred to local law enforcement for investigation and possible prosecution, as well as reported to any relevant licensing bodies.

Conclusion:

The interview with the Warden confirmed that he is able and willing to temporarily suspend volunteers and contract staff from entering the facility if there is a suspicion of PREA violations. The Auditor reviewed documentation, policy, and interviewed staff, and found the standard to meet compliance.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78 Disciplinary sanctions for inmates</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners</p> <p>Policy Directive 03.03.105 Prisoner Discipline</p> <p>MDOC PREA Manual</p> <p>Interviews</p> <p>The MDOC 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</p>

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.

Interviews with staff and inmates confirm that SRF is adhering to the provisions of the standard. A review of facility investigations demonstrate that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven. The 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 considering the appropriate type of sanction to be imposed. The PREA Manual directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse consider placing offending inmates into such programs.

Through a review of the PREA Manual, the Prisoner Guidebook, and interviews with the PREA Administrator and PREA Coordinator, the auditor was informed that the agency prohibits sexual activity between all inmates. The PREA Manual indicates that inmates who engage in consensual sexual activity may be disciplined and sanctioned according to policy 03.03.105. However, the activity will not be considered sexual abuse unless it is determined that the sexual contact was the result of coerced consent or protective pairing.

Review of available documentation coupled with Random Staff, Inmate, PREA Coordinator, Investigators, and Administration interviews 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 was 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 an inmate had been disciplined for making an allegation of sexual abuse.

Conclusion:

Based on policy review and interviews, Saginaw Correctional Facility meets requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.81 Medical and mental health screenings; history of sexual abuse

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners

Policy Directive 03.04.100 Health Services

Policy Directive 03.04.108 Prisoner Health Information

Policy Directive 04.01.105 Reception Facility Services

CAJ 1028 Authorization for Release of Information

Informed Consent Poster

Interviews

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 a inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall 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 shall be similarly referred. PD 03.04.100 states that all inmates shall 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 shall 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, shall be referred to psychological services staff. An Intake Screening for History of Sexual or Physical Abuse form (CHJ-464) shall be completed by staff as part of this screening process. Qualified Mental Health Professionals (QMHP's) shall be available to provide mental health services. Inmates in need of mental health services shall be identified in a timely manner, have reasonable access to care, and be afforded continuity of care, including aftercare planning and follow-up as indicated.

The MDOC's policy is consistent with the requirements of the standards. The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an inmate that reports sexual victimization, either in an institutional setting or in the community. Per the MDOC PREA Manual, if a PREA

Risk Assessment or PREA Risk Assessment Review indicates a inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall 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 shall be similarly referred.

It is the policy of the MDOC to identify, monitor and counsel inmates who are at risk of sexual victimization, as well as those who have a history of sexually assaultive behavior. PD 04.01.105 indicates that a 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 shall be referred to psychological services staff.

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

A review of inmate files indicated the screenings were 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. The mental health provider indicated that the 14-day follow-ups entailed a meeting with the inmate. Staff also stated that the follow-up meetings typically occur sooner than 14 days. Staff will notify inmates identified as high-risk of sexual victimization and high-risk of sexual abusiveness of the availability for a follow-up meeting with a mental health practitioner and inform the inmate of available treatment and programming.

MDOC Operating Procedure states that medical and mental health personnel will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. Interviews with medical and mental health staff confirm that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting. The Auditors reviewed examples provided by the facility of completed informed consent forms. The agency produced posters that explain the limitations of confidentiality, which were observed to be prominently displayed in each medical and mental health provider area.

An interview with the staff confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential. This information is limited

	<p>access and only used to make housing, bed, work, education, and other program assignments, in accordance with agency policy. The PAQ notes that 100% of incarcerated individuals who disclosed prior victimization during screening were offered a follow-up meeting with medical or mental health, and incarcerated individuals 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, Saginaw Correctional Facility meets all requirements of this standard.</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.82 Access to emergency medical and mental health services</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 Prisoners</p> <p>Policy Directive 04.01.125 Medical Emergencies</p> <p>MDOC PREA Manual</p> <p>MDOC Hepatitis Brochure</p> <p>MDOC HIV Brochure</p> <p>Interviews</p> <p>The MDOC PREA Manual is written in compliance with the standard and states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. In accordance with PD 03.04.125 "Medical Emergencies" and PD 04.06.180 "Mental Health Services," inmate victims of sexual abuse shall receive timely emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff. If no qualified medical or mental health staff are on duty at the time an allegation of recent abuse is made, custody staff first responders shall take preliminary steps to protect the victim in accordance with the Protective Custody</p>

section of this manual and shall immediately provide notification to the appropriate medical and mental health staff. Inmate victims of sexual abuse while incarcerated shall be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with Agency OP 03.04.100H "Health Care Management of Reported Sexual Assaults of Inmates in DOC Facilities" as noted in the Ongoing Victim Services section of this manual. Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation of the incident.

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

For services that are outside the scope of their experience, the inmate can be treated at the local emergency department. Forensic exams are conducted off-site at Sparrow Hospital by qualified forensic nurse examiners. An advocate is available at the request of the inmate to provide emotional support services, and accompany the inmate to the hospital, if requested and availability of both services was verified. Agency policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. 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 a inmate, who is alleged to have been sexually abused less than 96 hours previously and where forensic evidence may be present, shall be transported to a local hospital for a forensic medical examination. The examination shall be without financial cost to the inmate and performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), where possible. If a SAFE or SANE cannot be made available, the examination can be performed by another qualified medical practitioner(s). The Department shall document its efforts to provide the examination by a SAFE or SANE. A copy of the completed PREA Forensic Examination Completed at Outside Hospital Form (CAJ-1020) and any notes evidencing the facility's efforts shall be maintained with the investigation packet. When the incident is alleged to have occurred more than 96 hours previously, a forensic examination is not required. However, the inmate shall be referred to health care and mental health services in accordance with Department OP 03.04.100H "Health Care Management of Reported Sexual Assaults of Prisoners in MDOC Facilities.

Through interviews and review of the facility investigations, it was evident that the

	<p>facility has an established practice of providing timely and unimpeded access to emergency medical and crisis intervention services according to the professional judgement of clinicians when emergency responses were required. Interviews with facility staff indicate their awareness of the provisions of the standard and their responsibilities.</p> <p>Based on the review of the PREA Manual, Operating procedure 03.04.100H, investigations and evidence of access to sexually transmitted infection prophylaxis where clinically appropriate. The Auditor noted that inmate victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense.</p> <p>As per the Michigan Department of Corrections PREA Manual, first responder duties are to separate the victim from the abuser, preserve and protect the crime scene. First responders interviewed reported that they separate the victim and abuser, preserve, protect the crime scene, physical evidence, and immediately notify medical and mental health practitioners.</p> <p>Conclusion:</p> <p>Staff interviews verified the medical services provided regardless of cooperation with the investigation. The Auditor determined the facility meets compliance for this standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>115.83 Ongoing medical and mental health care for sexual abuse victims and abusers</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 Prisoners</p> <p>Policy Directive 04.06.180 Mental Health Services</p> <p>MDOC PREA Manual</p> <p>Interviews</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 shall 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.

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

An interview with the Health Unit Manager revealed that inmate victims of sexual assault would be assessed immediately, and a determination made if they needed to be transferred to the local hospital. Staff would ensure emergent medical needs would be addressed and no evidence is 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 in the facility will be offered tests for sexually transmitted infections as medically appropriate. Interviews with medical staff confirm that inmate victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis. SRF only houses male inmates.

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 high-risk victim or a high-risk abuser, they are referred to

	<p>mental health for follow-up who will then evaluate them and complete an assessment to determine the level of services 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.</p> <p>The Auditor interviewed the mental health practitioner concerning what services are offered to victims of sexual abuse and was informed that counseling sessions, referrals if appropriate, and follow-up services are provided. The mental health practitioner also creates treatment plans and follow-up treatment plans. The Auditor was provided documentation that verified services offered at SRF 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, interviewed inmates, SANE and medical/mental health practitioners to determine 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>115.86 Sexual abuse incident reviews</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners</p> <p>MDOC PREA Manual</p> <p>CAJ 1025 Sexual Abuse Incident Review</p> <p>Interviews</p> <p>The MDOC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. The PREA Manual states that the facility PREA Coordinator shall coordinate a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegations are determined to be No</p>

Evidence/Unfounded. The PREA Manual indicates that the review team shall consist of upper-level custody and administrative staff, with input from relevant supervisors, investigators, and medical and mental health practitioners.

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, would 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 also stated any recommendations would be implemented, or the reasons for not doing so would be documented. The SRF has appointed a team that conducts incident reviews at the conclusion of any sexual assault investigations as stipulated by the standard. This was confirmed by formal interview of the Warden and PREA Coordinator. The team includes the

PREA Coordinator, Warden, Deputy Warden, Mental Health, housing staff (Resident Unit Manager), Shift Commander, Health Unit Manager. A written report of the findings (CAJ-1025) is prepared and maintained by the facility PREA Coordinator. The PC indicated that the reviews take place within 30 days of the conclusion of the investigation. Sexual Abuse Incident Reviews are conducted in a standardized method department wide and team members meet to discuss the various components required by the standard and then this is documented on the PREA Report of Incident Review form. A copy is forwarded to the Regional PREA Analyst and Regional Office for review. This oversight and standardization are completed for all sexual abuse related abuse allegations.

Conclusion:

Review of agency Incident Review forms and interviews with the Warden's designee, PREA coordinator, Incident Review team member, and SRF PCM, confirmed compliance and meets requirements for this standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.87 Data collection

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners

MDOC PREA Manual

Annual Report

Survey of Sexual Victimization (SSV)

Interviews

The MDOC Operating Procedure is consistent with the requirements of the standard and states that the agency will collect annually, uniform data for allegations of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence. They 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 shall be entered into the appropriate MDOC computerized database. Additionally, it indicates that the Agency PREA Manager gathers data on each reported incident to aggregate an annual incident report 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.

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 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.

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.

Conclusion:

Compliance was determined by review of Annual Reports, review of Survey of Sexual Violence, and interviews with regional PREA analyst. The Auditor determined the facility meets the requirements of this standard.

115.88	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.88 Data review for corrective action</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>The PREA Manual, and the PAQ indicate that the agency reviews data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and any corrective action. A review of Annual Reports indicates that the report contains information on the MDOC’s PREA efforts to include the actions taken in response to the previous year’s PREA audits. The reports contain a comparison of collected data from the previous two years. The reports were reviewed and approved by the PREA Manager and the Agency Head. The interview with the Agency Head Designee indicated that there are many ways that data is utilized to assess and improve the Department’s sexual safety practices. This includes sexual abuse incident reviews, the Annual Report, the Survey of Sexual Victimization, and the annual review by the Wardens at each facility related to their staffing plans. All this information is then utilized to identify any trends and improve or update policies, procedures, and practices. The PC and the CM indicate 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 PREA Manual, and the PAQ indicated that the agency’s Annual Report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the progress. A review of Annual Reports indicates that the report contains information on the MDOC’s PREA efforts to include the actions taken in response to the previous year’s PREA audits. The report contains a comparison of collected data from the previous two years. The PAQ indicated that the agency’s Annual Report is approved by the Agency Head and made available to the public through its website. The reports were reviewed and approved by the PREA Manager and the Agency Head. The interview with the Agency Head Designee confirmed that after it is approved it is published on the agency website. A review of the website confirmed that current and previous Annual Reports are available to the public online.</p> <p>The PAQ indicated that the agency may redact specific material from the report when</p>

	<p>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 standard compliant and exceeds these requirements.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89 Data storage, publication, and destruction</p> <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. Policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>The PREA Manual, states that the Department shall ensure that all sexual abuse and sexual harassment data collected is securely retained. The PREA Manager and facility PREA Coordinator indicated that all electronic data is maintained in a centralized system and all paper files are under lock and key at the facility and central office and confirmed that data is 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 online. The agency does not include any identifiable information or sensitive information on the Annual Report and as such does not require any information to be redacted. A review of historical Annual Reports confirmed that no personal identifiers were publicly available. The facility PREA</p>

	<p>Coordinator is responsible for reporting institutional data to the Regional PREA Analyst and facility data collected and maintained by the PREA Coordinator is kept in a secured location. Aggregated sexual abuse data for the agency's annual report is compiled from Investigative files, Incident Reviews, and other relevant documents. Agency and facility data is maintained electronically in secure servers which require a unique username and password to access.</p> <p>The Auditors reviewed the agency's website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditors were informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection. Annual PREA Reports are available for 2014 - 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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; was permitted to receive and copy any relevant policies, procedure, or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates. The audit team received complete cooperation with the MDOC, SRF prison staff, and inmates at the prison. Policy and Procedures and secondary documentation were provided before the onsite tour and post audit.</p> <p>All staff at SRF cooperated with the Auditors and allowed them to conduct interviews with staff and inmates in a private area. The Auditors were permitted to conduct unimpeded, private interviews with inmates at SRF, both informally and formally in private interview rooms which were convenient to inmate housing areas</p>

	<p>and work areas. The SRF staff facilitated the interviews in a timely and efficient manner and informal interviews with inmates confirmed that they were aware of the audit and the ability to communicate with the Auditors.</p> <p>Prior to the on-site review, letters were sent to the facility to be posted in all inmates living areas advising of the audit and which included the Auditor’s address. These notices were sent to agency and facility staff for posting six weeks prior to the onsite visit and the Auditors observed notices posted in various areas of the facility.</p> <p>The facility did not have an onsite review and audit within the three-year period of the last audit due to cancellation of the scheduled 2020 Audit due to Covid. SRF has now completed the onsite review and audit process.</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
	<p>115.403 Audit contents and findings</p> <p>The facility was previously audited on October 11, 2019 it report is publicly available via their website https://www.michigan.gov//documents/corrections/Saginaw_Correctional_Final_Report.</p>

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

	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

	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

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

	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?	no
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
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

	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

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

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

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

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

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

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

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

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

	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

	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

	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

	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

	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

	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	

	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

	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

	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	

	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,	yes

	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

	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

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

	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

	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

	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

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

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

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

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

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

	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	

	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.)	yes

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

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	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

	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	

	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