

# PREA Facility Audit Report: Final

**Name of Facility:** Detroit Reentry Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 01/05/2017

**Date Final Report Submitted:** 05/25/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> David G. Radziewicz	<b>Date of Signature:</b> 05/25/2017

AUDITOR INFORMATION	
<b>Auditor name:</b>	Radziewicz, David
<b>Address:</b>	
<b>Email:</b>	daveradziewicz@yahoo.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	2016-11-14
<b>End Date of On-Site Audit:</b>	2016-11-15

FACILITY INFORMATION	
<b>Facility name:</b>	Detroit Reentry Center
<b>Facility physical address:</b>	17600 Ryan Road, Detroit, Michigan - 48212
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Warden/Superintendent			
<b>Name:</b>	Kenneth Romanowski	<b>Title:</b>	Warden
<b>Email Address:</b>	romanowskik@michigan.gov	<b>Telephone Number:</b>	586-749-4900

Facility PREA Compliance Manager			
<b>Name:</b>	Keera Walton	<b>Email Address:</b>	WaltonK3@Michigan.gov

Facility Health Service Administrator			
<b>Name:</b>	Sherri Sankey	<b>Title:</b>	Health Unit Manger
<b>Email Address:</b>	sankeys1@michigan.gov	<b>Telephone Number:</b>	313-368-3200

Facility Characteristics		
<b>Designed facility capacity:</b>	1082	
<b>Current population of facility:</b>	0	
<b>Age Range</b>	Adults: 18+	Youthful Residents:
<b>Facility security level/inmate custody levels:</b>	Level II	
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	330	

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

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Todd Butler	<b>Email Address:</b>	Butlert4@michigan.gov



## AUDIT FINDINGS

### **Narrative:**

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

A Prison Rape Elimination Act audit of the Detroit Reentry Center (DRC) was conducted from November 14, 2016 to November 15, 2016, pursuant to audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. I, David Radziewicz, was assisted during this audit by DOJ Certified Auditor Carole Mattis.

The auditor wishes to extend its appreciation to Acting Warden Nagy and his staff for the professionalism they demonstrated throughout the audit and their willingness to comply with all requests and recommendations made by the auditor both during the site visit and post audit. The auditor would also like to recognize PREA Administrator Todd Butler and PREA Coordinator Keera Walton for their hard work and dedication to ensure the facility is compliant with all PREA standards.

Prior to the audit, an agreement to use the PREA Online Auditing System (OAS) was reached. Due to technical difficulties and an extended absence of the facility's Warden that delayed the creation of the OAS account, the OAS account was unable to be created until the onsite audit was concluded. Agency PREA Administrator provided relevant policy and audit documentation for review in advance of the audit through a series of secure emails that were subsequently downloaded onto an encrypted flash drive before upload into the OAS by the auditor for the completion of this report. A review of pre-audit documentation took place in advance of the audit and supplemental document request were made onsite as well as during the post audit period.

An entrance meeting was held on the morning of November 14, 2016, beginning shortly after 0800 hours. The auditors were greeted by the facility's administrative team and the agency's PREA staff to include Deputy Warden Noah Nagy, (who was acting as the Warden of the facility due to an extended absence of the facility's appointed Warden), Acting Inspector/facility PREA Coordinator Keera Walton, agency PREA Administrator Todd Butler, agency PREA analysts, Mary Mitchell, Matt Silsbury and Wendy Hart. Introductions were made and logistics for the audit were planned during this approximately 20 minute meeting. A tour of the facility commenced immediately thereafter.

After the entrance meeting the auditor was given a tour of all areas of the facility, including; all four general population housing units with multiple occupancy cells, administrative segregation, the female single cell unit, Education/Programming Building, Administrative Buildings, Michigan State Industries, control rooms, visitation areas, intake, medical (including exam rooms) recreation (segregation and general population), kitchen/dining hall, the Quartermaster's area, the dialysis unit and the outside perimeter storage warehouse/maintenance department. During the tour, informal interviews were conducted with multiple inmates and staff in each area toured throughout the facility. These informal and spontaneous interviews proved useful in determining facility culture and were used to supplement the

formal random interviews in determining compliance with the standards. During the tour, the auditor also informally interviewed the agency PREA Administrator, facility PREA Coordinator and Warden to determine operational procedures and to gain an overall sense of how the institution implements the PREA standards. These informal interviews were used to supplement formal interviews in determining compliance with the standards.

During the tour, the auditor observed the control center's camera monitoring station to verify that cameras were positioned in such a way as to provide adequate coverage of the housing units, yet afford privacy in bathroom/shower areas of the facility. Observation cell monitors had appropriate covering of the toileting areas within the cells to prevent viewing. On each of the housing units, a privacy notice was posted in the bathroom/shower areas, reminding inmates of the potential for opposite gender staff to view them. Inmates are required to be fully dressed when walking to and from the shower areas of the facility to limit the potential for opposite gender viewing. On the tour, the auditor took notice to the robust "Knock and Announce" notices posted at the entrance to each housing unit, reminding opposite gender staff of the obligation to knock and verbally announce their presence before entering the housing unit. During the tour, it was observed that opposite gender announcements were consistently made. Staffing in the female unit was gender specific (i.e. male officers are not permitted to work the unit). Following the knock and announce, opposite gender staff waited 10 seconds prior to entering the housing unit. While on a tour of the Michigan State Industries building, a bathroom area was observed to be visible from the warehouse floor. Specifically, two urinals were in open view to any person walking through the area. The auditor requested that a privacy panel be installed to afford privacy to any individual wishing to use the urinals. The facility sent photographs of the completed work during the week of the audit.

On the first day of the audit, the auditor was given a copy of the institution's shift rosters in order to select staff for random interviews. A minimum of one officer from each housing area was selected, covering all three shifts, with a total sample size of eleven random staff interviews conducted. When the tour concluded by approximately 1330 hours, interviews with both random and specialized staff commenced. In addition to interviews with staff, there was an additional round of question and answering occurred with facility administration that included the Warden, PREA Coordinator and agency level staff to include the PREA Administrator and regional PREA Analysts to clarify facility procedures, observations during the audit tour and agency practices that were not apparent from policy or the tour. The first day of the onsite audit concluded at approximately 1730 hours. The facility provided copies of investigations that were reviewed by the auditor later that evening. The second day of the onsite audit commenced at approximately 0515 hours and concluded by approximately 1730 hours. The second day consisted of staff and inmate interviews and an exit briefing.

A total of 26 staff were interviewed (including random and specialized staff) with at least one staff member interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Specialized staff, with the exception of the interviews related to educational staff who work with youthful inmates, line staff who supervise youthful inmates (youthful inmates are not housed at this facility), contract administrator (the agency does not contract for the housing of its inmates) and Non-Medical Staff involved in cross gender searches. Interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff and inmate interviews. Random interviews also followed the format laid out by the PREA Resource Center's interview templates for random staff and inmates. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist the auditor with determining compliance with the provisions of applicable standards. The auditor notes that, due to some staff fulfilling multiple roles within the facility, certain staff members who were interviewed represented

more than one category of interview (i.e. the local PREA Coordinator satisfied the PREA Compliance Manager, Retaliation Monitoring Staff and Incident Review Team Member).

A total of 16 inmates were interviewed with at least one inmate interviewed from each interview category specified by the PREA Resource Center's Interview Guide for Inmate Interviews, with the exception of the interviews related to youthful inmates (youthful inmates are not housed at this facility) and inmates who disclosed victimization during intake screening (the facility does not conduct intake screening and has no tracking mechanism in place to identify these individuals). The auditor was provided a copy of the housing unit count sheets on day one of the audit. The auditor randomly selected at least one inmate from each housing, with a total sample size of twelve random inmates. The auditor does note that, due to the limited pool of available inmates, certain inmates who were interviewed represented more than one category of interview (i.e. an inmate who reported sexual abuse also satisfied the interview for an inmate who was placed into segregation for reporting abuse).

The agency head's designee and agency PREA Administrator were interviewed in person following the audit. A telephone interview was conducted with a representative of the Wayne County SAFE/SANE Program (who provides services to the facility's outside hospital, the Detroit Receiving Center).

Throughout the pre-audit, onsite audit, and post audit, open and positive communication was established between the auditor and both the agency and facility staff. During this time, the auditor discussed all concerns with PREA Administrator Todd Butler and PREA Analyst Wendy Hart, who filtered request to the appropriate staff. Through a coordinated effort by Mr. Butler, staff members within his PREA analyst unit and key staff at the DRC, all informational requests of the auditor were accommodated prior to the completion of the Interim Report.

When the audit was completed, the auditor conducted an exit briefing on November 15, 2016. The auditor explained that documentation would need to be reviewed further and any addition requests for information would be coordinated through the agency PREA Administrator.

An interim audit report was issued to the facility on 01/05/2017. This interim report described areas of non-compliance and corrective action recommendations. Several conversations followed between the auditor and the agency's PREA Administrator to arrive at an agreed upon plan to demonstrate compliance with all provisions of each standard. The corrective action plan included two central themes. The first involved intake risk screening procedures for all receptions at the facility and creating a documentation trail to verify that information gathered through this process was acted upon by the facility in accordance with the standards. The second theme involved the facility's responses to allegations. Specifically, how did the facility respond to, investigate and follow alleged victims of sexual abuse in accordance with the standards.

The corrective action plan included the need to implement intake risk screening procedures at the facility for both direct receptions and intra-departmental transfers to fully satisfy and provide evidence of compliance for standards 115.41, 115.42, 115.81, 115.82 and 115.83. The facility developed its own internal tracking mechanism to verify when assessments were completed and applicable referrals for medical and mental health care. The auditor authenticated the veracity of this report through random sampling of the log. Specifically, the auditor requested electronic records of risk assessments that confirmed the dates recorded on the internal tracking log. Moreover, the facility provided secondary referral documentation and progress notes to verify required referrals to medical and mental health providers, consistent with standards 115.81, 115.82 and 115.83.

The corrective action plan also included the need to develop internal procedures to effectively respond to allegations of sexual abuse in accordance with the standards. Specifically, the facility was required to demonstrate that it interviewed all pertinent parties to an allegation during the course of investigations, used involuntary segregation consistent with the provisions of 115.68, monitored for retaliation consistent with 115.67, notified other facilities of allegations consistent with the provisions outlined in 115.63 and determined its outcomes in accordance with the appropriate evidence standards denoted by 115.72. The facility accomplished these corrective goals through a revamping of agency policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. The facility then provided the auditor with copies of all completed investigations during the corrective action period. The auditor reviewed these reports to confirm that pertinent witness were interviewed and conclusions were based upon investigatory details.

The auditor commends the DRC's PREA Coordinator and MDOC's PREA Analyst for their coordination of document requests by this auditor. The PREA Coordinator provided the auditor with regular risk screening updates, sending the secondary log at least once per month. Investigations were provided to the auditor as completed. Randomly sampled individual electronic records of risk screening were immediately provided upon request of the auditor to confirm the veracity of secondary facility logs. The auditor also commends the MDOC's PREA Administrator for making agency level efforts to revise shortcomings of existing policy and to effectuate recommendations made at this facility throughout the MDOC.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Detroit Reentry Center is located on the east side of Detroit on 39 acres, off Ryan Road. The land was previously used by Daimler Chrysler AG to store automobiles. The facility contains buildings for housing, educational and vocational instruction, food services, a health clinic, dialysis unit, administrative offices, warehouse storage and security. The prison has a small segregation unit and is separated from the surrounding area by a six-foot landscaped berm with evergreen and deciduous trees. Security is provided by two 12-foot fences, electronic detection systems, razor-ribbon wire, gun towers and buffer fencing.

The facility operates as a reentry center for inmates who are both exiting from a longer period of incarceration and those returning to Department custody following a parole infraction. Population turnover within the facility is rapid, with most inmates spending six months or less at the facility. The facility recently underwent a repurposing effective February 2, 2016 as noted in the following excerpts from Director's Office Memorandum 2016-13:

To enhance public safety and meet the Department's need for additional secure beds to house parole violators in Metro Detroit, the Department converted the Ryan Correctional Facility to the new Detroit Reentry Center (DRC). The facility continues to house parolees/prisoners who are required, as a special condition of parole, to participate in and satisfactorily complete residential reentry programming as well as parolees who are believed to have violated a condition of parole and are being considered for parole violation revocation proceedings or other appropriate response (e.g. community mental health or substance abuse residential programming). Also within DRC are one or more housing units as identified by the Deputy Director of Field Operations Administration (FOA) that will house prisoners. DRC and the Detroit Detention Center operate under the administration of a single Warden with separate Deputy Wardens for each facility.

DRC falls under the authority of FOA. However, it operates as a correctional facility. Therefore, all Department policies and procedures that applied to the Ryan Correctional Facility apply throughout DRC. For purposes of applicable policies and procedures, references to CFA Wardens include the DRC Warden, and references to prisoners include DRC parolees. This also specifically includes PD 04.04.100 "Custody, Security, and Safety Systems." PD 06.03.104 "Residential Reentry Program Facilities" sets forth additional requirements for parolees required to participate in and satisfactorily complete residential reentry programming at DRC as a special condition of parole.

The institution's academic program provides for special and remedial education as well as General Education Development completion for all prisoners, including those in segregation. The educational program priority is to develop reading skills for each prisoner to the eighth grade level. Vocational training includes an on-the-job training program for porters and food service. Specific to reentry, the DRC also addresses addiction issues through the RSAT program, operating within a housing unit as a therapeutic community. Other cognitive behavior programs are available to target issues with aggression and thinking errors prior to parole. The vocational food technology program serves meals as part of the

training. Health care is provided at the prison, at the Duane L. Waters Health Care in Jackson or at local hospitals in the event of emergencies.

The physical plant consists of 9 buildings, 4 multiple occupancy housing units and 2 single cell units. One of the single cell units, consisting of 10 cells, is reserved for administrative segregation. The second is temporary holding for female parole violators awaiting a parole decision and transfer to a female facility. Female inmates typically spend three weeks or less at the facility and during the audit, four were housed at the facility. Staffing of the unit is gender specific to female staff. At the front of the facility is the administrative complex where facility administrative staff are housed and the area is not accessible to the general inmate population. When entering the facility, there is a sally port area that goes past the facility control center before exiting to the larger compound of the facility where housing units are organized on either side of a main open area where inmates walk to the various buildings within the compound. There is a large outdoor recreation area that is in open view at the opposite end of the facility that includes a recreation field and equipment for inmates to use. There is a smaller recreation area adjacent to the housing unit for dialysis patients.

The facility is designed to operate a maximum capacity of 1082 inmates. On day one of the audit, there were 811 inmates present and on the second day of the audit, the population reduced to 787 inmates. The auditor observed that the inmate population consisted predominately of Caucasian and African-American inmates. Other ethnic groups were not widely observed throughout the tour. From the auditor's observations, the majority of the inmate population appeared to trend towards an age range of 30 or greater.

There are a total of 330 staff at the facility who may have contact with inmates, providing adequate supervision within the housing units. The command structure within the security ranks includes corrections officers, Sergeants, Lieutenants (shift supervisors), a Captain, Deputy Warden and Warden. The layout of the housing units permits the officer to have view of the unit from their designated work station, with supplemental rounds taking place throughout the unit with random roving movement.

Michigan State Industries operates within the facility and manufactures cleaning products for the Department's facilities. This building is an open manufacturing and warehouse environment, consisting of one main floor and several upper level storages and machine access areas where inmates have access. The warehouse area consists of multiple lines of shelving that are organized in a manner to create lines of sight and access areas for tow motors. There is another warehouse outside the secure perimeter of the fence where both dry food and cold food storage takes place, with several refrigerated coolers.

There is a two-story building within the secure perimeter that houses educational and programming groups. Group rooms have windows to permit security staff an open view into areas where programming takes place. that houses the facility's All housing units consist of individual cells with no open bay housing/dormitory style housing. Unit 200 is reserved for those inmates who are part of the Department's dialysis program and typically remain at the facility for longer periods of time than the general reentry population.

During the audit tour and through informal interviews with staff and inmates, the auditor was left with the general sense that staff and inmates felt safe at the facility.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0
<b>Number of Standards Not Applicable:</b> (The total number of standards that were audited at the agency level)	4

### SUMMARY OF AUDIT FINDINGS PRIOR TO THE CORRECTIVE ACTION PERIOD:

Number of standards exceeded: 0

Number of standards met: 34 (including 4 audited at the agency level)

Number of standards not met: 11

### SUMMARY OF AUDIT FINDINGS FOLLOWING THE CORRECTIVE ACTION PERIOD:

Number of standards exceeded: 0

Number of standards met: 45 (including 4 audited at the agency level)

Number of standards not met: 0

An interim report was submitted to the DRC on 01/05/2017. The facility immediately began working on the implementation of an agreed upon corrective action plan. Significant elements of compliance hinged on the implementation of a 72-hour intake screening assessment process to create the information to adequately comply with related standards. During the corrective action period, the facility did a commendable job to implement, accurately track and respond to the information gathered within that risk screening process.

At the time of the audit, the agency was relatively new to the PREA auditing process. The audit of the Detroit Reentry Center was only the 7th audit within the agency. As it stood, there were several items that required address at the agency level to ensure compliance at the facility; while there were some facility specific practices that required change to ensure compliance.

The lack of a facility 72-hour risk assessment screening process pursuant to standard 115.41 created a non-compliance domino effect for several other standards within the audit, specifically as such a screening is necessary for effective implementation of 115.42, 115.81 and 115.83. Facility practice with respect to its investigatory procedures and treatment of alleged victims led to non-compliance with standards 115.68, 115.71 115.72 and 115.82. A minor revision to agency policy will brought compliance to 115.73.

Specific corrective action recommendations included the following:

115.41:

The DRC is required to implement a 72-hour intake screening process to screen all new receptions and transfers into the facility to demonstrate compliance. This screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in gender identity, sexual orientation or history of victimization from the initial reception center. The DRC is required to reassess each individual within 30 days of receipt at the facility by using its established 30-day review process.

Compliance will be measured by the facility providing the auditor with a copy of the facility's incoming receptions on a minimum of 3 randomly selected dates each month during the course of the first 90 days. The auditor will then select a representative sample of those inmates. After 30 days have elapsed, the auditor will request that the facility submit inmate movement reports and corresponding 72-hour and 30-day assessments to ensure that each reception at the DRC and transfer into the DRC has been assessed in accordance with provisions (a) (b) and (f) of the standard. If compliance is demonstrated during this period, the auditor will be satisfied that the matter has been corrected.

115.42:

The DRC is required to implement a 72-hour intake screening process to screen all new receptions and transfers into the facility demonstrate full compliance with both 115.41 and 115.42, as any use of screening information must consider the most recent and accurate information to be effective. This screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in gender identity, sexual orientation or history of victimization from the initial reception center. The DRC is required to reassess each individual within 30 days of receipt at the facility by using its established 30-day review process.

Specific to provision (a) of this standard, the DRC will be required to identify those specific work assignments that are isolated from direct staff observation and provide blind spots where sexual activity could go undetected, such as the warehouse and in the Michigan State Industries buildings, within the facility where identified victims and identified aggressors should not work together. Direction should be issued to the employment coordinator via memorandum to direct that identified victims and identified aggressors should not be paired together in these work assignments to satisfy the requirements of provisions of this standard.

115.63:

The agency will be required to revise its policies regarding notification of alleged sexual abuse outside of the MDOC to ensure that such reports are made by the facility head of the facility receiving the report. The forwarding of this document by the agency PREA Administrator is not consistent with the specific language within provision (a) of the standard. Due to the lengthy delays associated with policy changes within the agency, this agency and facility may satisfy this corrective measure through the issuance of a Director's Office Memorandum and demonstration that this DOM is forwarded to agency PREA Coordinators and Wardens, including the DRC.

The DRC will be required to demonstrate that all notifications made during the corrective action period are forwarded by the facility Warden to the facility head or office of the agency where the allegation is alleged to have occurred. The facility should forward all reports received consistent with this standard to the auditor during the firsts 90 days of the corrective action period to demonstrate compliance with provision (a) of the standard. Should no reports be received, this element of corrective action will continue until the corrective action period of 180 days is exhausted or a sample is received.

115.67:

The DRC will be required to demonstrate that retaliation monitoring is initiated and continued for 90 days or until the allegation is unfounded for all facility sexual abuse and sexual harassment investigations. All facility investigative packets during the 90 days following the implementation of the corrective action plan shall be forwarded to the auditor to include the CAJ-1022 and CAJ-1024 forms. Additionally, for any incomplete investigations during this 90 day period, the auditor will require the CAJ-1022 form to be forwarded with documentation of activity completed up to the date of report to the auditor. If the facility demonstrates that all inmates who report sexual abuse and sexual harassment have been monitored consistent with provisions (c) and (d), the auditor will be satisfied that the facility has demonstrated compliance.

115.68:

The DRC will be required to demonstrate its use administrative segregation as a last resort for alleged victims of sexual abuse, consistent with standard 115.68. The facility must articulate in any notice of intent to classify to administrative segregation the specific justifications required by standard 115.43; should it use administrative segregation for victims of sexual abuse. The facility will also be required to document any and all programs limited consistent with the requirements under 115.43 for victims of sexual abuse housed in segregation. The auditor will require the DRC to provide copies of all investigative packets, to include the CAJ-1024 forms for all completed sexual abuse investigations during the 90 days following the corrective action period. Should no allegations of sexual abuse be reported or investigated during this time period, the corrective action period will continue until 180 days are exhausted or the facility provides examples of sexual abuse investigations to either demonstrate that the facility has not used segregated housing following an allegation of sexual abuse or has complied with the requirements of 115.43 when it uses segregation following a report of sexual abuse.

115.71:

To become compliant with this standard, the facility will be required to implement procedures to physically interview pertinent parties to each allegation to augment any written questionnaire responses. The facility must document within its investigations, attempts to interview inmates who do not respond to questionnaires. Due to the short nature of inmate stays at the DRC, it is imperative that the facility thoroughly document efforts to ensure investigations are pursued through the questioning of alleged abusers and potential witnesses when the alleged victim departs from the facility.

The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see interview summaries within each facility investigation. Should the facility not have an investigation or an investigation involving a departed alleged victim during that 90 day period where the facility can demonstrate its commitment to the thorough pursuit of an investigation; corrective action will continue until such time as an investigative report demonstrating compliance or 180 days have been exhausted.

115.72:

The facility will be required to conduct additional training with its investigators to cover the proper standard of proof to arrive at an unfounded disposition. This training should cover that the lack of a victim's cooperation with any ensuing investigation does not automatically equate to the act being outright disproven and could foster an environment of victim intimidation to prevent investigations from reaching their proper conclusions. This training can be completed in the form of a memorandum. Proof of dissemination of this memorandum to facility investigators can be accomplished via email correspondence that is forwarded to the auditor to satisfy compliance.

115.73:

Agency policy is not compliant with provision (c) of this standard. Specifically, the PREA Manual specifies that notification of the factors enumerated in provision (c) of the standard are only provided for Substantiated/Sufficient Evidence allegations that a staff member sexually abused a prisoner. The agency policy will require updating to allow for notification for the factors enumerated under provision (c) to when an investigation results in a finding of insufficient evidence/Unsubstantiated. Due to the delays associated with policy revisions, this corrective action can be accomplished via a memoranda that is accompanied by proof of distribution to all facility PREA Coordinators to satisfy compliance while policy revisions are pending.

115.81:

The DRC is required to implement a 72-hour intake screening process to screen all new receptions and transfers into the facility to demonstrate compliance. This screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in history of victimization or perpetration from the initial reception center.

The DRC will be required to maintain secondary logs related to referrals for medical or mental health services consistent with provisions (a) and (b) of this standard. This secondary documentation can be in the form of a spreadsheet that lists the name and number of each inmate referred for services or in the form of a copy of the agency's mental health referral form (ROBERTAR). Regardless of the facility's preferred method of maintaining secondary logs, the DRC will be required to clearly demonstrate the nexus between an inmate's responses to the 72-hour screening log to any subsequent mental health referral to address instances of purported victimization or perpetration of sexual abuse.

Compliance will be measured by the facility providing the auditor with a copy of all applicable referrals during the first 90 days of the corrective action period. Compliance measuring will include copies of any medical or mental health follow-up offered at the reception center prior to transfer to the DRC that the facility offered in satisfaction of this standard. Again, the auditor makes clear that there should be an observable nexus between an inmate reporting sexual victimization or sexual perpetration when selecting proof that the standard has been satisfied. Should the facility not have an example of a referral for medical or mental health services consistent with provision (a) or (b) of the standard, corrective action will continue until such time as an example can be provided to demonstrate compliance with provisions (a) and (b) or 180 days have been exhausted.

115.82:

The DRC will be required to demonstrate that it refers all alleged victims of sexual abuse for medical and mental health evaluations that are consistent with the nature of their allegations. Alleged victims of sexual abuse involving physical contact must be referred for medical evaluation to demonstrate compliance with

provisions (a) and (c) of the standard. Alleged victims of sexual abuse that involve physical contact and do not involve physical contact must be referred for mental health evaluation to demonstrate compliance with provision (a) of the standard. Medical referrals and evaluations of alleged sexual abuse victims should take place as soon as the allegation is known by the facility. Mental health referrals should be made at the time the facility is made aware of the sexual abuse allegation and evaluations should take place within 72-business hours (excluding weekends/holidays where psychology staff are not available) of the inmate's referral.

The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see documentation of medical examinations for all purported victims of sexual abuse involving contact and mental health examinations for all who allege sexual abuse. Documentation of medical and mental health evaluations should include dates and times of the evaluation as well as the specific referral information that prompted the evaluation to satisfy compliance with provision (a). Through consistent referral of sexual abuse victims for medical evaluation or through specific documentation offering a purported victim information about emergency contraception or sexually transmitted infections; the auditor will be satisfied that the facility is in compliance with provision (c) of the standard. Should the facility not have an allegation of sexual abuse within the 90 days following the implementation of the corrective action plan; corrective action will continue until such time as an allegation of sexual abuse demonstrating compliance with response procedures or 180 days have been exhausted.

115.83:

The DRC is required to implement a 72-hour intake screening process to screen all new receptions and transfers into the facility to demonstrate compliance. This screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in history of victimization or perpetration from the initial reception center so that it may have procedures in place to adequately identify all inmates qualifying for services under provisions (a) and (f) of the standard. The DRC will also be required to demonstrate that it refers all alleged victims of sexual abuse for medical and mental health evaluations that are consistent with the nature of their allegations in order to demonstrate its commitment to meeting the requirements of provision (a) of the standard.

Compliance will be measured by the facility providing the auditor with a copy of all applicable referrals for medical and mental health treatment evaluation or continuation records for treatment that may have been initiated at the reception center and continued at the DRC, consistent with this standard during the first 90 days of the corrective action period. The auditor will also measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see documentation of medical examinations for all purported victims of sexual abuse involving contact and mental health examinations for all who allege sexual abuse. Documentation of medical and mental health evaluations should include dates and times of the evaluation as well as the specific referral information that prompted the evaluation. Any applicable ongoing treatment records (such as progress notes) which were prompted by the evaluation relative to this standard must also be provided to the auditor to satisfy compliance with provisions (a) and (f).

Post Audit Activity:

An interim audit report was issued to the facility on 01/05/2017. This interim report described areas of

non-compliance and corrective action recommendations. Several conversations followed between the auditor and the agency's PREA Administrator to arrive at an agreed upon plan to demonstrate compliance with all provisions of each standard. The corrective action plan included two central themes. The first involved intake risk screening procedures for all receptions at the facility and creating a documentation trail to verify that information gathered through this process was acted upon by the facility in accordance with the standards. The second theme involved the facility's responses to allegations. Specifically, how did the facility respond to, investigate and follow alleged victims of sexual abuse in accordance with the standards.

The corrective action plan included the need to implement intake risk screening procedures at the facility for both direct receptions and intra-departmental transfers to fully satisfy and provide evidence of compliance for standards 115.41, 115.42 , 115.81, 115.82 and 115.83. The facility developed its own internal tracking mechanism to verify when assessments were completed and applicable referrals for medical and mental health care. The auditor authenticated the veracity of this report through random sampling of the log. Specifically, the auditor requested electronic records of risk assessments that confirmed the dates recorded on the internal tracking log. Moreover, the facility provided secondary referral documentation and progress notes to verify required referrals to medical and mental health providers, consistent with standards 115.81, 115.82 and 115.83.

The corrective action plan also included the need to develop internal procedures to effectively respond to allegations of sexual abuse in accordance with the standards. Specifically, the facility was required to demonstrate that it interviewed all pertinent parties to an allegation during the course of investigations, used involuntary segregation consistent with the provisions of 115.68, monitored for retaliation consistent with 115.67, notified other facilities of allegations consistent with the provisions outlined in 115.63 and determined its outcomes in accordance with the appropriate evidence standards denoted by 115.72. The facility accomplished these corrective goals through a revamping of agency policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. The facility then provided the auditor with copies of all completed investigations during the corrective action period. The auditor reviewed these reports to confirm that pertinent witness were interviewed and conclusions were based upon investigatory details.

To demonstrate its compliance with the corrective action plan, the following corrective actions were taken and reassessment of compliance was determined as follows:

115.41:

Corrective Actions Taken:

The DRC implemented procedures to conduct 72-hour risk screenings on 01/18/2017, after discussions between the Department PREA Administrator and this auditor on the corrective action plan. The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section Q specifically addresses the need to conduct a risk assessment within 72-hours of arrival at a correctional facilities. Section R specifically addresses the need to complete a review of the assessment within 30 days of arrival. Additionally, the policy now includes a provision for an annual reassessment, which exceeds the standard.

During the corrective action plan, the facility PREA Coordinator provided this auditor with a copy of a

secondary risk screening log that was designed to track the dates of reception, due dates of the initial 72 hour and 30-day reviews required by provisions (a), (b) and (f) of the standard. Moreover, this log also tracked whether or not the inmate has completed PREA education, and whether or not the inmate being screened reported victimization or perpetration that would require an evaluation required by standard 115.81. Although the initial corrective action plan was intended to randomly sample specific dates; the secondary risk screening log developed by the facility provided the auditor with a wealth of information on each reception and transfer into the facility and was thus utilized as a tool to measure compliance with the standard.

To authenticate the reliability of this risk screening log, the auditor requested computer assessment records for three randomly sampled inmates on 02/16/2017. These computerized assessment reports authenticated the veracity of the information recorded within the risk screening log. A second random sample of six inmates whose risk screenings were due in March and April of 2016 were requested by the auditor on 04/05/2017 and provided on the same date. Again, as found during the previous sample, the data contained within the secondary risk screening log was verified as accurate.

Based on the facility's detailed secondary risk screening log and the confirmation of that log's accuracy through random sampling, the auditor is satisfied that the Detroit Reentry Center has established sufficient practice to demonstrate its commitment to perform risk screening for all inmates received at the facility, consistent with provisions (a), (b) and (f) of the standard. The information gathered through compliance with this standard, ultimately provides secondary evidence of compliance with relative standards 115.42, 115.81 and 115.83.

115.42:

Corrective Actions Taken:

In satisfaction of provision (a), the facility issued a training memorandum on 02/28/2017 to all work supervisors to describe prohibited work pairings of Abusers and Victims identified through the risk screening process. As noted within the corrective action plan, the facility was required to implement an intake screening process for all new receptions to the facility in order to be considered fully compliant with the standard, as compliance hinged upon having the most reliable and up-to-date information to effectively implement the standard's intent. Through the information provided in support of standard 115.41, the auditor is satisfied that the Detroit Reentry Center has established sufficient practice to demonstrate its commitment to perform risk screening for all inmates received at the facility. Specifically, the facility developed a secondary risk screening log that was designed to track the dates of reception, due dates of the initial 72 hour and 30-day reviews required by standard 115.41. The veracity of that log was verified through random sampling by the auditor. Through the establishment of these intake risk screening practices, the auditor is now confident that the Detroit Reentry Center is now fulfilling the requirements under this standard with the most reliable and timely information available, while also providing another opportunity to report sexual abuse that could have occurred at the preceding facility.

Based on the training memorandum provided to work supervisors, the auditor is now satisfied that the DRC is compliant with all elements of provision (a) of the standard. Based upon confirmation of intake risk screening practices required under 115.41, the auditor is satisfied that the facility is also basing its safety, housing, work, programming and educational decisions required by 115.42 with the guidance of the most accurate and recent information available. Evidence of substantial compliance with the standard has been established.

115.63:

Corrective Action Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section X specifically addresses the need for the Warden to forward all allegations to the facility head or office of the agency where the allegation is alleged to have occurred when the allegation pertains to a non-MDOC facility.

The facility provided sample documentation to demonstrate that the Warden of the facility notified the Facility Head of the location where the allegation was reported to have occurred on 02/07/2017. This notification occurred on the same date as the allegation was received and demonstrates compliance with the standard.

115.67:

Corrective Actions Taken:

The Detroit Reentry Center submitted copies of completed investigations to the auditor for review on 03/27/2017. The allegation for investigation #19686 was received via grievance and initiated after the alleged victim in the case had paroled from the facility. Therefore, retaliation monitoring was not applicable in this case.

The facility submitted completed investigations #19773 and #20178; however, did not include the retaliation monitoring forms. The auditor made a subsequent request for said documentation. The auditor was informed that the facility processed investigation #19773 as an allegation of sexual harassment; therefore, retaliation monitoring was not initiated and not required by the standards. The auditor was provided a copy of the retaliation monitoring form for investigation #20178 on 04/03/2017. Retaliation monitoring was initiated, as required, at the Detroit Reentry Center and subsequently forwarded to the facility where the alleged victim transferred for completion.

Through documentation provided in support of other standards, the auditor was aware of recently opened sexual abuse investigations and requested proof of retaliation monitoring completed thus far in those cases on 04/05/2017. Within the same day, the facility provided the auditor proof that it had initiated retaliation monitoring for an allegation made on 03/27/2017. This monitoring form was forwarded to the institution where the alleged victim transferred for continuation. A second sample proved that the DRC initiated retaliation monitoring for an allegation made on 02/24/2017. The alleged victim remained at the facility and the DRC continued with retaliation monitoring at regularly specified intervals. Retaliation monitoring consisted of face-to-face contacts and a review of factors enumerated by the standards.

During the Corrective Action Period, the Detroit Reentry Center has demonstrated its commitment to initiate and provide retaliation monitoring for staff and inmates who report sexual abuse. With the understanding that the Detroit Reentry Center is a short-term facility for inmates who are either reentering the MDOC or reentering to the community and limited opportunity to provide evidence of long-term monitoring, sufficient evidence has been provided that the facility has established practices to ensure all known victims of sexual abuse and inmate reporters of sexual abuse are monitored for

retaliation. In those instances where the inmate is transferred to another MDOC facility after retaliation monitoring has been initiated; the DRC forwards retaliation monitoring forms to the receiving institution for continuation of monitoring responsibilities. While the facility has not had an allegation to generate sample documentation to verify staff reporters of sexual abuse are monitored; the evidence provided in support of this standard verifies that the facility has established procedures to effectively accomplish this responsibility when necessary. Based upon supporting documentation of retaliation monitoring in all known instances of sexual abuse during the 90-day corrective action period established for this standard; the auditor now finds the facility compliant with provisions (c) and (d) of the standard.

115.68:

#### Corrective Action Taken

During the corrective action period, the facility provided the auditor with a copy of its completed investigations on 03/27/2017. The auditor reviewed sample documentation, to include CAJ-1024 forms for all completed sexual abuse investigations, and found no evidence of alleged victims of sexual abuse being placed into involuntary segregation due to reports of victimization.

On 04/03/2017, the facility sent a mental health contact note for an alleged victim in support of 115.82. The contact note indicates the alleged victim was interviewed while in segregation. After inquiry by the auditor, the facility provided evidence that the alleged victim was placed into segregated housing for a disciplinary infraction involving the alleged victim's sexual assault of a staff member. In order to assure compliance with this standard and other related standards, the auditor requested that the facility supply the auditor the investigation and incident review when completed.

On 05/11/2017, the auditor received the completed investigation packet. The investigation was thorough and significant evidence emerged through multiple witness accounts to validate that the alleged victim had indeed sexually assaulted the staff member to justify placement in segregated housing. As such, the auditor is satisfied that this alleged victim's placement in segregated housing was consistent with the requirements of the standard.

Based upon a review of available investigatory documentation during the corrective action period, the auditor found no evidence of that the facility placed alleged victims of sexual abuse into involuntary segregation due to reports of victimization in compliance with the standard.

115.71:

#### Corrective Action Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that sections ZZ and CCC specifically addresses the need for investigators to personally interview the complainant, victim, perpetrator and sufficient witnesses to establish the facts.

The facility provided the auditor with copies of three completed investigations, #19686, 19773 and 20178 on 03/27/2017. The investigations demonstrate that physical interviews were conducted with available victims, subjects and witnesses. In each investigation, the facility investigator demonstrated proper follow-

up on inconsistencies reported within the investigatory interviews and used interview information to analyze credibility of applicable parties in reaching a conclusion to the investigation. In investigation #19686, the investigator made commendable efforts to arrange for an interview with an alleged victim who had paroled from the facility before the investigation into his allegation began.

On 04/03/2017, the facility sent a mental health contact note for an alleged victim in support of 115.82. The contact note indicates the alleged victim was interviewed while in segregation. After inquiry by the auditor, the facility provided evidence that the alleged victim was placed into segregated housing for a disciplinary infraction involving the alleged victim's sexual assault of a staff member. In order to assure compliance with this standard and other related standards, the auditor requested that the facility supply the auditor the investigation and incident review when completed.

On 05/11/2017, the auditor received the completed investigation packet for investigation #20466. The investigation was thorough and significant evidence emerged through multiple witness interview accounts to validate that the alleged victim had indeed sexually assaulted the staff member. Furthermore, through the investigation, it was learned that the allegation was disclosed to a staff member who failed to report the allegation at the time it was know. The investigation included a focus on this staff failure to act, which led to appropriate internal corrective action with that individual.

Based on a review of supporting documentation within the revised agency policy and documented proof within these investigations that physical interviews took place with alleged victims, witnesses and alleged perpetrators; the auditor is satisfied that the Detroit Reentry Center has demonstrated its capability and willingness to comply with previous non-compliant provisions (a), (c) and (j) of the standard. Specifically, the facility has committed to more thorough investigations, has established procedures to interview critical parties to an investigation and has demonstrated follow-through in an investigation where the alleged victim departed facility custody. Moreover, the facility has demonstrated through its investigatory efforts, that its investigations also include a focus on staff actions that may enable prohibited conduct.

115.72:

#### Corrective Actions Taken:

The facility issued a training memorandum to all facility investigators on 02/08/2017 to reinforce the standards necessary to reach investigative dispositions of substantiated, unsubstantiated and unfounded. Email proof of dissemination was provided to the auditor to ensure investigators are aware of the requirements to reach a proper conclusion to their PREA investigations.

The auditor reviewed investigations #19686, 19773, 20178 and 20466, which were completed during the corrective action period. As noted under 115.71, the facility took great strides to improve the quality of its investigations. Investigatory conclusions arrived at logical conclusions that were rationalized by the evidence gathered through subject and witness interviews. During the investigatory review, the facility demonstrated that equal weight was given to both staff and inmate testimony.

Based upon a review of investigatory documentation and training provided to facility investigators, the auditor is now satisfied that the DRC is rationalizing its investigatory conclusions in accordance with the standard.

115.73:

Corrective Action Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section VV specifically addresses the need to notify prisoners of the factors enumerated under provision (c) of the standard for all allegations unless the investigation determines the claim was unfounded. This revision of agency policy satisfies compliance with this standard.

115.81:

Corrective Action Taken:

On 03/31/2017, the facility provided the auditor with secondary documentation to confirm that referrals were made for follow-up mental health/medical care of individuals who disclosed victimization during the intake risk screening process required by standard 115.41. A total of five individuals reported victimization and referrals were made and completed in four of the cases. The fifth inmate who disclosed victimization left the facility for court purposes and has not yet returned to have his referral visit completed. On 04/05/2017, the facility sent secondary materials in the form of mental health contact notes for the four noted individuals that verify the mental health contact took place as required.

During the initial established 90-day Corrective Action Period established for this standard, the Detroit Reentry Center has demonstrated its commitment to provide intake risk screening as required by standard 115.41 and provide applicable medical or mental health service referrals for those inmates who have disclosed victimization or perpetration required by standard 115.81. Based on evidence of that intake risk screening procedures have been established as required under standard 115.41, the facility's secondary logs that document individuals who disclosed victimization during said screenings, evidence of appropriate referrals to mental health care providers and secondary documentation that the referrals were acted upon; this auditor determines the facility has developed adequate procedures to ensure compliance with provision (a) of the standard. While the facility has not had a disclosure of perpetration under provision (b) of the standard, sufficient evidence of operational practice demonstrate the facility is equipped to address such a report. Therefore, the auditor now determines compliance with provisions (a) and (b) of the standard.

115.82:

Corrective Action Taken:

On 03/27/2017, the facility sent the auditor three completed investigation. Investigation #20178 contained an allegation of sexual abuse that was reported upon the victim's transfer to another facility. The facility receiving the allegation properly referred the victim for medical and mental health care using established agency procedures. Documentation was provided to verify the nexus between the sexual abuse allegation and the resulting evaluations; however, the auditor notes this example does not verify facility response procedures.

On 03/31/2017, the facility sent the auditor a copy of a ROBERTAR mental health referral, dated 03/27/2017, for an inmate who experienced sexual abuse at the facility without penetration. On

04/03/2017, the facility provided the auditor a copy of the mental health contact note to prove the referral was acted upon.

During a review of supporting documentation for another standard, the auditor noted that an allegation in investigation #19773 had initially been misclassified as sexual harassment. When this matter was brought to the facility's attention on 04/05/2017, the facility provided supporting documentation that the individual had been referred for a mental health evaluation and a contact note that verified the inmate was evaluated by a mental health practitioner, consistent with this standard. The facility also provided evidence of another mental health referral for a sexual abuse allegation, without penetration, made on 02/24/2017. The contact response note, dated 02/27/2017, verifies the facility acted upon said referral.

Based upon supporting documentation verifying consistent access to emergency medical and mental health care for all known sexual abuse allegations, that is proportionate to the allegation and provided at a level of care consistent with community standards, this auditor is satisfied that the facility has developed sufficient procedures to demonstrate its substantial compliance with provisions (a) and (c) of the standard.

115.83:

Corrective Action Taken:

The Detroit Reentry Center provided this auditor with sufficient evidence that it has established intake screening procedures as required by standard 115.41 to effectively identify those individuals potentially in need of medical or mental health evaluations as required by 115.81. Random sampling of the facility's secondary risk screening log verifies that the information contained within the log accurately recorded the dates of a full intake risk screening assessment. Through the intake risk screening process, the facility has identified five individuals who required mental health evaluations for past instances of victimization. Four of those individuals were evaluated consistent with the requirements of 115.81. The fifth individual departed from the facility's custody for court purposes prior to evaluation. Moreover, the DRC has also provided sufficient evidence to prove that it refers all known victims of sexual abuse to medical and mental health practitioners commensurate with the nature of the allegation, as required by 115.82. Therefore, the facility has now sufficiently demonstrated that it has established the practices necessary to identify those inmates in need of ongoing care as required by provisions (a) and (f) of the standard.

In support of this standard, the facility provided this auditor with a copy of a mental health evaluation dated 04/06/2017, where the alleged victim of sexual abuse requested and was scheduled for follow-up counseling on a weekly basis. The facility subsequently sent mental health case contact records from contacts on 04/17/2017 and 04/24/2017 to verify the individual was seen for two additional follow-up appointments where applicable treatment goals were accomplished.

Based upon supporting documentation verifying access to ongoing medical and mental health care for known sexual abuse victims that is proportionate to the type of reported victimization, with care that is consistent with community standards, this auditor is satisfied that the facility has developed sufficient procedures to demonstrate its capability of substantial compliance with provisions (a) and (f) of the standard.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 03.03.140 and the PREA Manual outline the agency approach to implementing the zero tolerance policy. Local operating procedures OP 3.3.140 outlines the facility's approach to implementing agency policy covered by the agency policy and the agency PREA Manual. The auditor reviewed these documents in their entirety to determine compliance with provision (a)</p> <p>The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards that were previously covered by a network policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. The agency PREA Manual supersedes all policies that were issued prior to its issue in September 2015. The agency PREA Manual addresses relevant topics such as definitions, prevention, planning, training, placement screening, medical and mental health screenings, cross-gender viewing, searches of prisoners, protective custody, protection from retaliation, disabled and limited English proficiency inmates, human resource decision making processes, staffing plans, management rounds, facility and technological upgrades, contracting for the confinement of inmates, collective bargaining, reporting sexual abuse and sexual harassment, prisoner grievances, response procedures to reports of sexual abuse and harassment, medical and mental health services following an allegation of sexual abuse, victim advocates, confidential support services, sexual abuse and sexual harassment investigations, disciplinary sanctions and corrective action, sexual abuse incident reviews, data collection, data review and data storage, auditing and compliance.</p> <p>Provision (b) was audited at the agency level; however, it will be addressed in part in this report. According to the PREA Manual, the position of PREA Administrator fulfills the role of an Agency PREA Coordinator. This position is four layers removed from the agency Director with sufficient authority to implement agency efforts to comply with the PREA standards. During an interview with the PREA Administrator, it was explained that the title of PREA Administrator is used to accommodate existing Michigan Civil Service title rules. Through an interview with the PREA Administrator, he has sufficient time and authority to implement PREA standards throughout the agency.</p> <p>According to the PREA Manual, the position of PREA Coordinator at the facility oversees the duties of a facility PREA Compliance Manager. This auditor was informed during an interview with the agency PREA Administrator that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. The PREA Coordinator for the Detroit Reentry Center is the current Acting Inspector. The position of Inspector within the MDOC has oversight of each facility's security and is an upper-level management position with authority over facility shift commanders. The facility PREA Coordinator is charged with ensuring the security of the Detroit Reentry Center. Through an interview with the PREA Coordinator, the position provides adequate time and authority to coordinate the facility's efforts to comply with PREA standards.</p> <p>Based on a review of the PREA Manual and interviews with the PREA Administrator and facility</p>

PREA Coordinator, the auditor determined compliance with provision (c).

115.12	Contracting with other entities for the confinement of inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Through a review of the PAQ, the PREA Manual and interviews with the PREA Administrator and PREA Coordinator, this auditor determined that neither the agency nor the Detroit Reentry Center contract with any outside entities for the confinement of its inmate population. The facility provided documentation for a Request For Proposal (RFP) for reentry services that the agency was considering. This RFP contained language to ensure that any successful bidder for an awarded contract would be required to be compliant with the PREA Standards. As of the date of the audit, no contracts have been awarded. The absence of any contracts for the confinement of its inmates, policy provisions within the PREA Manual and the language within its RFP demonstrates the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.</p>

115.13	<b>Supervision and monitoring</b>
	<p data-bbox="252 168 893 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 518 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 526">The PREA Manual specifies the eleven factors enumerated within provision (a) of the standard are taken into account for MDOC prisons; however, for the Detroit Reentry Center, the manual only specifies 1) The physical layout of the facility, 2) The safety and security of the facility, 3) The composition of the prisoner population, 4) The prevalence of substantiated and unsubstantiated incidents of sexual abuse, 5) Any other relevant factors.</p> <p data-bbox="252 582 1476 873">During the on-site audit, the agency PREA Administrator explained that when the agency PREA Manual was originally drafted, the Detroit Reentry Center was considered as a Community Confinement facility. Since the publication of the PREA Manual, the facility began operating as a Prison. The facility has agreed to provide the updated version of the PREA Manual that will eliminate this distinction when this document is approved by the agency. The facility staffing plan, dated 10/17/2016 verifies that all eleven factors within provision (a) of the standard were used to formulate the facility staffing plan.</p> <p data-bbox="252 929 1484 1220">Interviews with the Warden and PREA Coordinator reveal the recent modifications were made to the staffing plan. The facility added a second officer to accommodate the large number of inmates in the education building for programming purposes. An interview with the PREA Administrator revealed that, although the agency no longer participates in audits by the American Correctional Association (ACA), its staffing levels are predicated on these standards. According to the PAQ, the operational staffing plan was originally predicated on 1066 inmates; however, the facility's average daily population has averaged 849.</p> <p data-bbox="252 1265 1484 1646">According to interviews with the Warden, the PREA Administrator and PREA Coordinator, neither the agency nor its facilities deviate from its staffing plan. All posts are filled either through voluntary overtime or mandated overtime. During the on-site portion of the audit, a staff member who was held beyond shift for overtime purposes was interviewed in the random pool of staff interviews. The facility provided a memo to verify that overtime is used to fill any vacancies. During the first day of the audit, the auditor requested and was provided with an overtime report listing the justification for the hiring of two overtime officers to fill vacancies on the date of the audit. Interviews with the Warden confirmed that overtime is used to fill each post designated on the facility staffing plan to demonstrate compliance with provision (b).</p> <p data-bbox="252 1691 1484 1859">The PREA Manual states that the Warden and PREA Coordinator are involved in the review of the facility staffing plan. This plan is subsequently forwarded to the agency PREA Administrator for review. The PREA Administrator reports involvement in the staffing plan process for each facility within the agency.</p> <p data-bbox="252 1904 1476 2150">This auditor was provided a copy of the Annual Staffing Plan Review form CAJ-1027 for the Detroit Reentry Center dated 06/20/2016 and a subsequent review of this plan dated 10/17/2016. The review on 10/17/2016 included a more thorough review of the facility staffing plan based on internal agency operational audit reports to determine operational compliance with factors similar to an ACA standards. The plan dated 06/20/2016 illustrated a the facility's commitment to install new cameras in the education building due to the large number of</p>

inmates present for programming purposes.

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

PD 04.04.100 Custody, Security and Safety Systems and the PREA Manual establish policy for unannounced supervisory rounds. Facility Supervisory staff document unannounced rounds in the unit log book in green ink. During the on-site portion of the audit, this auditor observed log book entries on the housing units to demonstrate compliance with provision (d) of the standard with sufficient rounds in each unit to cover each shift.

Through interviews with the PREA Coordinator and review of log book activity, facility Lieutenants complete rounds on a daily basis on all shifts. Shift Commanders and the Deputy Warden completes weekly rounds within the housing units, with those rounds covering all three shifts on a monthly basis. A facility Lieutenant was interviewed and reported that, in conjunction with the other Lt. on duty, each housing unit is covered by a daily supervisory round. Radio traffic is not permitted to ensure rounds are not announced. Rounds are documented in the unit log books in green ink. During the tour, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of Lieutenants on the housing units. A review of agency policy, interviews with the facility administration, informal interviews with line staff and a review of log book entries allowed this auditor to find compliance with provision (d).

115.14	Youthful inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 05.01.140, Prisoner Placement and Transfer, outlines that agency's approach to housing youthful inmates and were reviewed in determining compliance. 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.</p> <p>During the audit tour and through interviews with the Warden, PREA Administrator and PREA Coordinator, it was observed that the DRC does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>4.1.140 SEARCH AND ARREST IN CORRECTIONAL FACILITIES and the PREA Manual establish procedures to limit cross gender viewing and were reviewed in determining compliance with provision (a) of the standard. On the PAQ, the facility stated no cross gender strip searches or visual body cavity searches were conducted during this audit period.</p> <p>Policy 4.1.110 permits a supervisor of the opposite gender to be present during a strip search if a supervisor of the searched inmate’s gender is not readily available. Readily available is not consistent with exigent circumstances as defined in the standards. Policy 4.1.110 does not specify who may view recorded body cavity searches (Y-4). According to the PREA Resource Center's FAQ's, a facility should use a privacy screen or other similar device to obstruct viewing of an inmate breast, buttocks or genitalia in cases where supervisors of the opposite gender are present with the inmate being strip searched.</p> <p>An interview with the agency PREA Administrator confirms that privacy screens are to be used when an opposite gender supervisor must be present during a strip search. The facility PREA Coordinator confirms that no cross-gender strip searches or visual body cavity searches were conducted to demonstrate compliance with provision (a) of the standard and clarified the ambiguity in agency policy.</p> <p>Policy 04.01.110, which was reviewed in determining compliance with provision (b) of the standard, permits searches of female inmates when female staff are not readily available to conduct a search in an emergency or where there is a reasonable suspicion that the prisoner is in possession of contraband. Reasonable suspicion that the prisoner is in possession of contraband is not consistent with the definition of exigent circumstances.</p> <p>The female unit within the DRC is a temporary housing where inmates typically spend less than 30 days awaiting a parole decision before being transferred to a female specific facility. The census is generally under 10 inmates and during the audit tour, only four female inmates were housed in the unit. Female inmates are provided access to recreation and programs out of their cells.</p> <p>All male staff that were randomly interviewed stated that they are not permitted to pat search female inmates. Informal interviews with line and administrative staff during the audit tour also confirmed that male staff are not permitted to conduct pat-down searches of female inmates. During the audit tour, the Warden and PREA Coordinator confirmed that male security staff are not permitted to work in the female housing unit to assure compliance with provision (b) of the standard. During the audit tour informal interviews with line staff and administrative staff confirmed that males must knock and announce for entry for entry into the female unit and the officer post in the unit is gender specific to female officers.</p> <p>Although agency policy 04.01.110 is provides an exception to cross-gender pat-search procedures for female inmates that are not clearly defined to specify what type of contraband could be considered an exigent circumstance that could trigger the permission of a cross-</p>

gender pat search of a female inmate; formal and informal interviews with facility staff clearly demonstrate that the DRC is well aware of the prohibition of cross-gender pat-searches for female inmates and has taken proactive measures to ensure exclusive supervision of female inmates by female staff to find compliance with provision (b) of the standard, which is specific to facility practice.

Policy 04.04.110 and the PREA Manual establish policy for provision (c) of the standard and was reviewed in determining compliance. Agency policy 04.04.110 requires that a report be authored to the Warden of the facility by the end of shift when a strip search was conducted by or in the presence of an opposite gender employee. The PREA Manual directs that pat-searches of female inmates be conducted by female staff only.

The facility PREA Coordinator confirmed there were no reported cross gender strip, visual body cavity or pat-searches conducted by the facility. Random staff interviews confirmed that line staff are well aware of the prohibition against cross-gender strip searches and cross-gender pat-searches of female inmates, allowing this auditor to determine compliance with provision (c) of the standard.

03.03.140 PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS, the PREA Manual, Privacy Notice Signs, Knock and Announce signs were reviewed in determining compliance with provision (d) of the standard.

During the audit tour, this auditor observed that the facility has numerous Privacy Notice Signs, Knock and Announce signs displayed at entrances to the housing units and in the bathroom areas of the housing units. Opposite gender staff announcements were made on all housing unit tours and staff waited 10 seconds after making the announcement prior to entering the unit to afford time to ensure privacy.

Inmates from one housing unit stated that female staff do not consistently announce their presence when entering the housing unit; however, inmates from all other housing units reported consistent practice of opposite gender staff announcing themselves when entering the housing unit. The practice of opposite gender announcements was routinely observed during the audit tour and robust signage was observed throughout the facility to advise inmates of their privacy expectations. Informal interviews with line staff during the audit tour led this auditor to determine that opposite gender announcements were being made and that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender, consistent with provision (d) of the standard.

The PREA Manual and 04.06.184 GENDER IDENTITY DISORDER (GID)/GENDER DYSPHORIA establish policy prohibitions against searching transgender inmates for the sole purpose of determining genital status and were reviewed when determining compliance with provision (e) of the standard. Random and informal interviews during the audit tour lead this auditor to the conclusion that staff are aware of the prohibition against searching transgender inmates for the sole purpose of determining genital status. The transgender inmate housed at the facility was interviewed and denied being examined or strip searched for the sole purpose of determining genital status to find compliance with provision (e) of the standard.

Custody and Security in Corrections Part 2, Personal Searches: The Application of Search

Procedures for GID and TRANSGENDER Prisoners is the training curriculum for the MDOC reviewed in determining compliance with provision (f). Staff were able to demonstrate proper cross gender search techniques during random interviews and all staff were able to demonstrate the "butterfly technique" for searching the breast area of a female or transgender inmate. The facility reported that 100% of security staff have been provided training to conduct professional cross-gender and transgender pat searches. The facility provided adequate documentation, in the form of pre-audit samples and more comprehensive post-audit records of staff training over various time periods since 2014 relative to transgender/intersex searches. A review of the training materials, random interviews with staff and a review of training records demonstrates compliance with provision (f) of the standard.

While the facility is found compliant with this standard, as a means to remove any potential ambiguity, it is recommended that an agency-wide memorandum be issued similar to a Director's Office Memorandum (DOM), specifying that if a supervisor of opposite gender is overseeing a strip or body cavity search that appropriate barriers be utilized to block viewing of breasts, buttocks and genitalia. Additionally, this memorandum should include direction that female inmates may only be pat searched under exigent circumstance and should specify what types of contraband would be considered exigent circumstances to trigger a cross-gender pat-search of a female inmate.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency PREA Manual requires that the Department provide prisoner education in formats understandable by the entire prisoner population. The PREA Manual, along with training materials, were reviewed by this auditor in determining compliance with provision (a) of the standard.</p> <p>This auditor observed, through a review of agency educational materials, that the agency makes significant efforts to reach limited English proficient inmates and those who may be deaf by close captioning PREA inmate training videos in English and Spanish. An interview with the PREA Administrator confirms that the agency is in the process of close captioning the PREA video in Arabic.</p> <p>A braille version of the PREA pamphlet was created for blind inmates and a sign language interpreting service is available. Documentation of staff training on PREA compliant practices for LEP and Disabled inmates is located on slide 59 of 102 in 2016 PREA Web Based Training.</p> <p>An interview with the agency head's designee confirmed that the agency takes significant steps to ensure that materials are provided in various formats to include closed captioning of the PREA inmate video in multiple languages, including Arabic and Spanish.</p> <p>Posters displaying PREA reporting information were observed to be posted in each housing unit in Spanish. The facility provides its prisoner guidebook in both English and Spanish. The agency publishes a Spanish version of its PREA brochure. Privacy signs are translated in Spanish and were observed during the audit tour. The facility has an interpretive services contract in place with RTT Mobile Interpretation that this auditor reviewed in determining compliance with provisions (a) and (b) of the standard.</p> <p>Agency policy 03.03.140 and PREA Manual prohibit the use of inmate interpreters and were reviewed in determining compliance with provision (c). During random interviews with custody staff and informal interviews with line staff during the audit tour, staff appeared to understand that the use of an inmate interpreter for complaints of sexual abuse was only acceptable under the circumstances where a delay could compromise an effective response. Ten of twelve randomly interviewed staff were able to effectively articulate that inmate interpreters could only be used under those circumstances where a delay could negatively impact the ability to respond to a report of sexual abuse or sexual harassment to aid in determination of compliance with provision (c). There were no inmates housed at DRC who were identified as Limited English Proficient (LEP) at the time of the audit.</p>

115.17	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1474 488">02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with provision (a). The employment screening policy and PREA Manual clearly prohibit hiring and promoting staff who have engaged in all of the elements denoted within provision (a) of the standard.</p> <p data-bbox="252 539 1468 831">Corrections Officer job postings, application questions and a promotional application for Sergeant were reviewed and provided as proof to demonstrate the agency and facility considers these factors for hiring and promotional decisions. The facility is not responsible for conducting background checks of correctional officer staff, which are hired by the agency. These screenings are conducted by the agency central office. The facility is, however, responsible for directly hiring non-contact personnel. The facility conducts checks on those staff directly hired and those staff transferring into the facility.</p> <p data-bbox="252 882 1420 999">A review of facility hiring records, agency application materials, interviews with the agency PREA Administrator and Human Resource staff confirm that the DRC is compliance with provision (a) of the standard.</p> <p data-bbox="252 1050 1452 1301">Policy 02.06.111 and applications for employment were reviewed in determining compliance with provision (b). Adequate screening for incidents of sexual harassment are present within the materials. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. The HR staff person explained in an interview that any candidate with a history of engaging in sexual harassment would not be hired or promoted.</p> <p data-bbox="252 1352 1481 1559">A review of policy and the interview with Human Resource staff confirms that the facility is not responsible for conducting background checks of custody staff. This function in completed at the agency level by central office staff. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process to find compliance with provision (b).</p> <p data-bbox="252 1610 1474 1816">02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with provision (c). A review of policy and the interview with Human Resource staff confirms that the facility is not responsible for conducting background checks of custody staff. This function in completed at the agency level by central office staff.</p> <p data-bbox="252 1868 1452 2154">On the pre-audit questionnaire, the facility indicated that no background checks were completed on new hires to the facility which initially raised concern for the auditor. During an interview with Human resource staff, this auditor was informed that the facility is responsible for direct hiring and background checks for non-inmate contact positions, promotions and transfers into the facility. A review of supporting documentation for §115.17 (b) revealed the hiring of an electrician at the facility during the prior 12 months. Background check documentation was requested from the facility for this hire and provided by the facility to</p>

confirm this check was completed to demonstrate compliance with provision (c).

Agency policy 02.06.111 and the PREA Manual were reviewed in determining compliance with provision (d). The facility provided adequate sample documentation of background checks for contractors as proof of this provision of the standard. An interview with HR staff revealed that background checks for contractors are conducted at regional offices for any of the specialty functions they serve (i.e. medical). The facility provided a secondary dissemination log of LEIN check information for contractors and volunteers, along with a sample check of an individual on this list. Additional documentation of background checks for contractors were requested post audit and provided by the facility in support of finding compliance for provision (d).

According to policy 02.06.111 EMPLOYMENT SCREENING, the PREA Manual and staff interviews, LEIN checks are completed by the records supervisor in June of designated years for agency employees. While agency policy dictates that background checks be conducted in June of specified years, the facility lacks formal documentation of its 5-year background checks. The only verification is email correspondence between the individual responsible for completing the checks and the Warden of the facility, along with a facility memorandum. This auditor requested additional documentation in proof of this standard; however, no other formal records specific to this standard exist to verify compliance. This auditor did review LEIN logs relative to contractors and volunteers for other background screening provisions under this standard and did notice that contract employees are required to have an annual LEIN clearance completed, as each one has an expiration date of one year from the prior screening.

Although this auditor was able to triangulate compliance with provision (e) of the standard via interviews with HR staff, the PREA Administrator, a review of agency policy and existing electronic correspondence on the subject, it is highly recommended that the facility maintain a formal log of this screening activity for agency staff, similar to contract employees, to prove its efforts to conduct such screenings.

The facility provided and the auditor reviewed sample applications for hires of new corrections officers and a promotional application to demonstrate that the agency requires all applicants to provide information regarding the misconduct described in provision (a) of the standard when applying for employment or promotion and during any self-evaluations. In addition to application materials, the employee work rules, specified in the employee handbook that this auditor reviewed, requires that employees have an ongoing obligation to disclose any sexual misconduct. There are no self-evaluation procedures in place. The facility demonstrates compliance with provision (f) of the standard.

Agency policy 02.06.111 and the PREA Manual, which were reviewed by this auditor, affirmatively states that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. The agency policy and work rules within the employee handbook sufficiently cover provision (g) of the standard. The facility indicates that there have been no instances where such material omissions have been noted.

02.01.140 HUMAN RESOURCE FILES, 02.06.111 EMPLOYMENT SCREENING and the PREA Manual establish procedures for provision (h) of the standard and were reviewed by this auditor. The facility provided two examples of the agency responding to requests from outside

agency requests for such information on former employees that were reviewed by this auditor to establish compliance with provision (h). These requests were processed at the agency central office level. There were no applicable requests from this facility.

115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Manual, which was reviewed in determining compliance with provision (a), states that when acquiring a new facility and when modifying or expanding existing facilities, to include the expansion of video or other monitoring technology, the agency and facility must consider the ability to protect inmates from sexual abuse within the plans. Interviews with the agency head's designee and the Warden confirm that neither the agency nor the facility have substantially expanded or altered existing facilities since August 20, 2012. No new facilities were reportedly acquired by the agency. Interviews confirm the agency did modify the a portion of the physical plant at the women's correctional facility at Huron Valley to accommodate youthful female inmates at the facility. Additional cameras with audio capabilities were added to that facility to ensure inmate safety and PREA compliance. The agency has equipped staff with Tasers that record audio, which can be used without deployment to capture incidents where pertinent to PREA compliance. The warden confirmed that there has been no expansion or modifications to the facility. During the tour, there were no areas of the facility that appear to have undergone expansion or modification to substantiate compliance with provision (a) of the standard.</p> <p>The agency head's designee reported during an interview that the agency has approved expansion of camera coverage at all facilities and deployed electronic round readers at each facility to ensure adequate management tours of the facility that will be used in part, to prevent sexual abuse and sexual harassment. The facility Warden stated in an interview that the facility's camera system expansion plan incorporates the plan to cover any spots not visible from officer posts and hallways to enhance sexual safety within the facility. The facility currently has 49 total cameras in place, with 23 cameras in housing unit areas. The facility was in the process of installing an electronic tour scan verification system that was observed during the tour. This system has not been finalized nor made operational as of the audit; however, demonstrates the agency and facility dedication to compliance with provision (b) of the standard.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to the agency's Crime Scene Management and Preservation training manual, the PAQ that this auditor reviewed and an interview with the agency PREA Administrator, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command.</p> <p>During interviews with facility medical staff and investigators, the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. Inmates are transported to SAFE/SANE examiners in the 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 training manual, demonstrates that agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene. These procedures allow for the criminal investigative agency, Michigan State Police (MSP), to maximize the collection of available evidence within the crime scene.</p> <p>During random staff interviews and informal interviews during the audit tour, it was apparent to this auditor that security staff are aware of their responsibility to secure any potential crime scene and their duty to ensure those involved do not take actions that could destroy evidence. Basic Investigator Training and Crime Scene Management and Preservation training materials cover the necessary technical detail to aid first responders in preserving available evidence to demonstrate compliance with provision (a) of the standard.</p> <p>Uniform evidence protocol is covered in Crime Scene Preservation and Basic Investigator's Training. Both training manuals were reviewed by this auditor in determining compliance with provision (b) of the standard. Training materials cover the necessary technical detail to aid first responders in preserving available evidence. Youthful inmates are not housed at this facility; however, staff are adequately prepared to address the needs of this population through training materials and the PREA Manual's guidance. Random staff interviews confirm that potential first responder security staff are aware of their responsibilities to protect any applicable crime scene and ensure that those involved take no action to destroy physical evidence. According to the agency's Crime Scene Management and Preservation training manual, the PAQ that this auditor reviewed and an interview with the agency PREA Administrator, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command, which demonstrates compliance with provision (b) of the standard.</p> <p>Policy 03.04.100 and the PREA Manual, reviewed by this auditor in determining compliance with provision (c) of the standard, specify that forensic examinations are provided without cost to victims of sexual abuse. The facility reports no forensic examinations during the audit review period. Through an interview of a staff member at the Wayne County SAFE/SANE program; it was confirmed that the Detroit Reentry Center is serviced by the organization via its use of the Detroit Receiving Center as its outside medical provider. While no formal agreement for SAFE/SANE services is in place, an interview with the SAFE/SANE staff member at the Wayne County SAFE/SANE program confirms that procedures are in place for</p>

when this service is necessary. The SAFE/SANE program responds to the local medical facility (Detroit Receiving Center) via pager when a prisoner from the Detroit Reentry Center is taken for an examination.

The facility provided email correspondence attempting to coordinate a meeting with the Wayne County SAFE/SANE program to formalize an agreement to provide forensic examinations; however, as of the date of the audit, no formal agreement has been established.

Through a review of agency policy, facility correspondence with the Wayne County SAFE/SANE program and an interview with a SAFE/SANE staff person at the Wayne County SAFE/SANE program, this auditor determined that the facility is in compliance with provision (c) of the standard.

Documented attempts to reach an agreement with the Detroit Rescue Mission and Detroit Police Victim Advocate Program were provided and reviewed by the auditor in determining compliance with provision (d). The facility has not been able to secure victim advocacy services from an outside agency; however, has documented its attempts to do so. The facility uses a licensed psychologist to provide this service as a qualified staff member. The facility also provides access to "An End to Silence" for state organizational contact information within the facility library.

The facility PREA Coordinator confirms in an interview that efforts have been made to secure rape crisis services and that a qualified facility staff member has been identified to provide advocacy services in the absence of a formal rape crisis service agreement. During an interview with the inmate at the facility who reported sexual abuse, he claims that he was not provided information about outside support services; however, this would be consistent with the fact that the facility has yet to establish a formal agreement with an outside provider. It is noted that the interviewed inmate did not report abuse that required a forensic examination. Interviews with the PREA Coordinator, PREA Administrator and a review of facility correspondence with multiple outside advocacy agencies demonstrates that the facility is in compliance with provision (d).

The PREA Manual and Memo with Michigan State Police, which were reviewed by the auditor, confirm that both the agency, the criminal investigative unit and the facility will permit a victim advocate to accompany a victim through the forensic medical examination and investigatory interviews. The facility has identified a licensed psychologist to serve as the qualified staff member to provide advocacy services during any forensic medical examination and investigatory interview in the current absence of a rape crisis advocacy agreement. The MSP memorandum confirms that the investigative agency has agreed to allow this individual access during forensic medical examinations and interviews consistent with standard 115.21. The facility has appropriate measures in place to provide advocacy services during a forensic examination and investigatory interviews to demonstrate compliance with provision (e) of the standard; however, has not had to exercise these plans.

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

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

The facility attempts to make a rape crisis advocate available; however, has yet to enter into a formal agreement. In the event such services are necessary, the facility uses a qualified licensed psychologist from the facility who has received training in trauma informed care and is generally educated in the forensic examination procedures. An interview with this individual demonstrates an awareness of the specialized knowledge required to provide support to a victim of sexual abuse consistent with provision (h) of the standard.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed agency policies 03.03.140, 01.01.140 and the PREA Manual when assessing compliance with provision (a) of the standard. While section G of 01.01.140 requires that the allegations must contain facts, rather than mere assertions or rumor to be entered into the internal affairs division investigation database the PREA Manual (which supersedes all prior policies) confirms that all allegations are entered into the database for investigation. An interview with the agency head confirms that allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and interviews with the agency head's designee and agency PREA Administrator confirm that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities. During the audit, investigations were reviewed with multiple methods of reporting evident in the predication of 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 is in compliance with provision (a) of the standard.</p> <p>Michigan State Police investigate criminal allegations involving staff as specified under the reviewed policy, 01.01.140. The investigation is monitored and coordinated by the Internal Affairs Division. Policy 03.03.140, which was reviewed by this auditor addresses referrals of prisoner on prisoner sexual abuse to MSP. Both policies are published on the agency's website. The PREA Manual, which supersedes all prior policies is not published on the agency's website; however, is not necessary to meet provision (b) of the standard. The facility stated that no allegations have been referred to MSP for criminal investigation and a review of facility investigations did not find evidence of criminal activity to warrant such referrals; allowing this auditor to determine compliance with provision (b) of this standard.</p> <p>This auditor reviewed and verified that policies 01.01.014 and 03.03.140 are available on the agency website. The policies outline the specific responsibilities of the agency and the MSP when conducting criminal investigations to demonstrate compliance with provision (c) of the standard.</p> <p>The auditor is not required to audit provisions (d) and (e) of the standard to determine facility compliance.</p>

115.31	<b>Employee training</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1481 831">The agency's PREA Manual, PREA training curriculum "PREA: Sexual Abuse and Sexual Harassment in Confinement", computer based training modules for PREA and training reports were reviewed in determining compliance with provision (a) of the standard. A review of these materials provides a robust explanation of all 10 points required by the standards. The training curriculum is provided as part of an employee's initial 320 Hour Corrections Training Program. Computer based training is provided for existing employees and contractors through two detailed training modules. Facility training record samples demonstrate that the facility staff have completed the existing training modules. Informal interviews with staff during the audit tour confirm that individuals are well informed of all ten factors required by the employee training standard. All staff who were randomly interviewed were able to clearly describe elements from the training to demonstrate knowledge of the factors required by the standards in compliance with provision (a).</p> <p data-bbox="252 887 1473 1346">The DRC houses both male and female inmates. The agency training materials that were provided to and reviewed by this auditor adequately cover the dynamics of sexual abuse for male and female inmates as required by provision (b) of the standard. The agency offers a specific module of training on collaborative case management for women that is not just specific to PREA, but an overall gender inclusive training. This training supplements those working with female offenders on a regular basis; however, it is noted that female inmates are only temporarily housed at the DRC (typically less than 20 days) until transferred to the Department's female facility. Based on a review of PREA training materials, a review of the supplemental gender responsive training materials and a sampling of training records for the supplemental gender responsive training; the DRC demonstrates compliance with provision (b).</p> <p data-bbox="252 1402 1458 1682">The DRC provided ample documentation that was reviewed by this auditor to verify that staff at the facility have completed the agency's computer based training on sexual abuse and sexual harassment in confinement settings. Employees are required to complete this training at a minimum of every two years as noted within the agency PREA Manual; however, the training is available annually to aid in fulfillment of annual training requirements. Training records and the agency training plans demonstrate compliance with provision (c) of the standard.</p> <p data-bbox="252 1738 1469 1939">Employees are required to complete a comprehension test relative to the training materials to verify their understanding of the materials at the end of the agency's computer based training modules. This comprehension test comes with electronic verification by employee ID number to signify individual comprehension of the training, demonstrating compliance with provision (d) of the standard.</p>

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. The agency's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. In addition to the auditor's review of the training materials, the auditor reviewed a sampling of training records to determine compliance with provision (a) of the standard.</p> <p>Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. Just as employees, contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge they could be a first responder. A formal interview with a facility contractor demonstrated knowledge of facility reporting and first responder procedures. Informal interviews during the audit tour with contractors demonstrated that they were aware of their responsibilities to both report incidences of sexual abuse and sexual harassment, as well as how to act as a first responder to preserve potential evidence. The review of policy, training materials, training records and both formal and informal interviews demonstrate compliance with provision (b) of the standard.</p> <p>The agency PREA Manual requires that the Department maintain documentation confirming that volunteers and contractors receive and understand the agency's PREA training. In addition to pre-audit samples, the facility provided training rosters, at this auditor's request post-audit, to confirm training of randomly selected volunteers from the background check logs to demonstrate compliance with provision (c) of the standard.</p>

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditors, 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 facility intake staff the PREA Coordinator and random inmates, this education is reportedly completed through a video based presentation that is accompanied by a brochure that specifically covers the zero-tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. A review of these materials by the auditor, satisfies compliance with this element of provision (a).</p> <p>Through interviews with the PREA Administrator, it was reported that the agency provides comprehensive inmate education at the RGC reception center. Inmates who are transferred from that facility to the DRC, will have received comprehensive education at RGC. The Warden and facility PREA Coordinator reported that the DRC also uses a quarantine process for all new inmates received at the facility. At the conclusion of the quarantine process and before inmates are moved to a general housing unit, the inmate will complete an orientation process that includes PREA training. A sampling of inmate training records were compared against inmate move reports to confirm that training is ordinarily completed for inmates within four to five days of reception to the facility to demonstrate compliance with provision (a) of the standard.</p> <p>Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. This education is completed through a video based presentation that is accompanied by a brochure that specifically covers the zero-tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. Additionally, information is available in the Prisoner Guidebook. Through interviews with the PREA Administrator, the Warden and PREA Coordinator, it was reported that the MDOC has an intake facility, Charles Egeler Reception &amp; Guidance Center (RGC), where intake is completed for prisoners who are assigned to the DRC. However, the DRC does accept inmates directly from the community and has its individual intake education procedures.</p> <p>Nine of twelve random inmate interviews confirm that education materials and the PREA video (Taking Action) are shown during the quarantine period (first week after reception). These inmates also report that information is continuously displayed throughout the housing units on posters and is available in handbooks. It is noted that one inmate admitted refused to attend the orientation meeting and that the facility had provided the opportunity to receive this information. Inmate training receipts provided by the facility and reviewed by the auditor demonstrates sufficient compliance with this standard. Transfer reports for incoming inmates that were matched against training receipts for randomly selected inmates confirms that</p>

inmates are given the comprehensive education during the first few days at the facility as part of the quarantine process to demonstrate compliance with provision (b) of the standard.

Through interviews with the PREA Administrator and a review of agency materials, it is clear that PREA policies and reporting mechanisms are universal throughout the agency, negating the need to retrain inmates upon transfer from the RGC to the DRC. Despite this fact, the facility completes its own education of prisoners received directly at the facility. The DRC is a short term facility where inmates spend six months or less, preparing to reenter to the community or reentering from the community, creating constant turnover and continuing education needs for the incoming populations.

An interview with the agency PREA Administrator indicates that the agency has been providing PREA training for inmates at the agency reception center since approximately 2007 and the agency made a sweeping effort to train existing inmates at that time in 2007 to ensure existing inmates were trained on PREA. An interview with the individual responsible for facility orientation confirms that all inmates go through an orientation process that includes PREA education within four to five days of reception, after the inmate has cleared the quarantine process. A sampling of inmate training records corroborates this report and satisfies the auditor's concerns that the facility has procedures in place to ensure that all inmates at the DRC have been provided training consistent with provision (c) of the standard.

The agency publishes written educational materials, such as the PREA brochure, PREA posters and Prisoner Guidebook in both English and Spanish. The agency has a braille version of the PREA brochure available for visually impaired inmates. The PREA video, Taking Action, 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. The DRC is contracted with RTT Mobile Interpretation. The auditor reviewed these training materials and interpretation contract to determine compliance with provision (d) of the standard.

The agency and facility maintain documentation of inmate education via form CAJ-1036. Sample records were provided and were matched against reception records to confirm that the facility's claim that education is provided at the conclusion of the quarantine process consistent with provision (e) of the standard.

The agency publishes posters that contain record of the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment. During a tour of the DRC, these posters were visible throughout the housing units and common areas of the facility. Inmates receive a tri-fold PREA brochure that is published in both English and Spanish during the intake process and these materials were observed to be available to inmates during the audit tour. The facility library holds a copy of the PREA Resource Center's "An End to Silence" handbook. Nine of twelve randomly interviewed inmates reported receiving written materials for their retention to allow this auditor to determine compliance with provision (f) of the standard.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a Basic Investigator Training manual that was reviewed by the auditor. This manual provides additional, specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. Training records were provided to confirm that nine active staff at the DRC completed the agency's training. In addition to the agency's Basic Investigator Training, training records confirm that two DRC staff have participated in the NIC specialized investigator's training in satisfaction of provision (a) of the standard.</p> <p>The agency's investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution. In addition to the agency's Basic Investigator Training, two DRC staff have participated in the NIC specialized investigator's training to provides additional information on the required standard topics. A review of training materials and training records for facility investigators demonstrates compliance with provision (b) of the standard.</p> <p>The agency maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by the auditor to verify that nine reported active employees have completed the Basic Investigator Training. Training records were provided to confirm that two of these investigators also completed the NIC specialized investigator training in satisfaction of provision (c) of the standard.</p> <p>The auditor is not responsible for auditing provision (d) of the standard.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policies 02.05.100 and 02.05.101 establishes procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The agency has developed a training curricula specific to medical and mental health staff that were reviewed by the auditor. These materials expand upon the basic training module 2 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 harassment and facility reporting responsibilities for allegations of sexual abuse and harassment.</p> <p>The facility provided documentation of medical and mental health practitioners having completed the training modules related to their specific disciplines that were reviewed by the 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 in satisfaction of provision (a).</p> <p>Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with provision (b) of the standard are not required.</p> <p>The facility provided documentation of medical and mental health practitioners completion of the specialized training modules that was reviewed by the auditor. These training records are kept in the computerized training records for employees and demonstrate compliance with provision (c) of the standard.</p> <p>The agency has developed a training curricula specific to medical and mental health staff that includes and expands upon the basic training module 2 to cover the key points required by the standards. Employees must complete the traditional module 1 and 2 training required of all employees as part of accessing this expanded training specific to each discipline. The auditor's review of these training materials and corresponding completion records demonstrates compliance with provision (d) of the standard.</p>

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 784">Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, state that an intake screening shall be conducted at reception centers during intake. However, the PREA Manual and the PREA Risk Assessment Manual provide an exception to the completion of a 72-hour intake assessment at placement facilities provided said 72-hour assessment was previously completed. The auditor determined that agency policy regarding risk screening is not compliant with provision (a) of the standard. During the course of the audit, through formal and informal interviews with the PREA Administrator, PREA Coordinator, facility intake and facility case management staff, it was determined that the DRC will complete 72-hour assessments on inmates received directly at the facility; however, such an assessment is not completed for inmates transferred into the facility. The agency policy only requires the facility to conduct a review of the initial assessment within 30 days of arrival.</p> <p data-bbox="252 840 1484 1220">A staff person responsible for risk screening states in an interview that only reviews of the initial assessment are completed at the facility. It was reported that these assessments are not typically taking place within 30 days. Upon discovery, this person also completes any 72 hour assessments that were missed at the reception center or upon receipt at the DRC. A random inmate reported during an interview, arriving at the facility five days prior to being interviewed and reported that such an assessment was not conducted. In total, six of the twelve random inmates surveyed reported that they were not asked questions consistent with required elements of the risk screening process. All of the aforementioned audit activities demonstrate the need for corrective action to meet the requirements of provision (a) of the standard.</p> <p data-bbox="252 1265 1484 1646">Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual state that an intake screening shall be conducted at reception centers during intake. However, the PREA Manual and the PREA Risk Assessment Manual provide an exception to the completion of a 72-hour intake assessment at placement facilities provided said 72-hour assessment was previously completed at another facility. The agency policy only requires the facility to conduct a review of the initial assessment within 30 days of arrival. The agency policy regarding risk screening is not compliant with provision (b) of the standard. While the DRC follows agency policy, its compliance with this standard is a casualty of the overall agency policy not meeting the requirements of provision (b).</p> <p data-bbox="252 1691 1484 2027">A staff person responsible for risk screening states in an interview that only reviews of the initial assessment are completed at the facility. It was reported that these assessments are not typically taking place within 30 days. Upon discovery, this person also completes any 72 hour assessments that were missed at the reception center or upon receipt at the DRC. A random inmate reported arriving at the facility five days prior to being interviewed and reported that such an assessment was not conducted. In total, six of the twelve random inmates surveyed reported that they were not asked questions consistent with required elements of the risk screening process.</p> <p data-bbox="252 2072 1484 2150">Records related to both required 72-hour and 30-day reassessments were compared against inmate movement histories for inmates randomly selected by the auditor. The review of these</p>

assessments revealed that the facility is not consistently conducting its assessments within required timeframes. The agency PREA Administrator reported during an interview that the agency is in the process of updating its risk screening procedures to implement a 72-hour risk screening procedure consistent with provision (b) of the standard. Following the audit, the Acting Warden of the facility issued email direction to the staff of the facility, that was provided to the auditor and reviewed, to reiterate the need to conduct these assessments as required by the standards pending agency policy revisions.

The PREA Risk Assessment Worksheet, that was reviewed by the auditor, meets objective criteria as required by provision (c) of the standard. The assessment is an objective set of instruments that measures both an inmate's risk of victimization and risk for predatory behavior. The tool generates a numerical score based on weighted factors to determine an inmate's classification as either an Aggressor, Potential Aggressor, No Score, Potential Victim or Victim.

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Administrator, the auditor is satisfied that the intake screening instrument meets the 10 criteria set forth in provision (d) of the standard. While the tool does not affirmatively address criteria 10, neither the agency nor the DRC house inmates solely for civil immigration purposes. An affirmative assessment of a risk factor that does not exist within the agency (civil immigration) was determined unnecessary. The PREA Risk Assessment Manual, which outlines the procedures for the use of the intake screening tool, clarifies that the remaining nine elements of the standard are affirmatively addressed within the intake screening process to demonstrate compliance with provision (d) of the standard.

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

The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for assessment completion. The facility's reassessment process consists of three questions, two of which are certification by the assessor that the original victim and aggressor instruments are accurate. These reassessment procedures may cause those inmates being reassessed not to recall the assessment process during the random interviews.

During the tour, inmate files were randomly sampled on Unit 200. The two files sampled failed to demonstrate reassessment of risk within 30 days of arrival at the facility. Records related to both required 72-hour and 30-day reassessments were compared against inmate movement histories for thirteen inmates selected by the auditor. Complete records were provided post audit. The review of these assessments revealed that the facility is not consistently conducting its assessments within required timeframes. Specifically, records provided by the facility for the designated inmates demonstrated that only one 72-hour assessment was completed within

the proper timeframe and none of the ten required 30-day assessments were completed within required timeframes consistent with provision (f) of the standard. Coupled with the staff interview of a person responsible for conducting risk screening; it does not appear that risk screening regularly occurs within the time period required by the standards.

Following the audit, the Acting Warden of the facility issued email direction to the staff to reiterate the need to conduct these assessments as required by the standards pending agency policy revisions to demonstrate the facility's intent to comply with this standard.

Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual specify that assessments shall be conducted when warranted due to the factors enumerated by the standard. One random inmate reported during an interview that he was reassessed after custody staff on his housing unit believed he was being pressured by another inmate for sexual favors to demonstrate compliance with provision (g) of the standard.

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

The PREA Manual, which was reviewed by this auditor, confirms that information obtained during the risk assessment process shall be treated as confidential information and only shared with designated staff in accordance with Department policy. Risk assessment information shall not be shared with prisoners. During the audit tour and through interviews with the PREA Administrator and PREA Coordinator, only those staff with a supervisory role within the facility have access to the electronic screening system. Access to this system is governed by the individual user's log-on information to demonstrate compliance with provision (i) of the standard.

#### Corrective Actions Taken:

The DRC implemented procedures to conduct 72-hour risk screenings on 01/18/2017, after discussions between the Department PREA Administrator and this auditor on the corrective action plan. The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section Q specifically addresses the need to conduct a risk assessment within 72-hours of arrival at a correctional facilities. Section R specifically addresses the need to complete a review of the assessment within 30 days of arrival. Additionally, the policy now includes a provision for an annual reassessment, which exceeds the standard.

During the corrective action plan, the facility PREA Coordinator provided this auditor with a copy of a secondary risk screening log that was designed to track the dates of reception, due dates of the initial 72 hour and 30-day reviews required by provisions (a), (b) and (f) of the

standard. Moreover, this log also tracked whether or not the inmate has completed PREA education, and whether or not the inmate being screened reported victimization or perpetration that would require an evaluation required by standard 115.81. Although the initial corrective action plan was intended to randomly sample specific dates; the secondary risk screening log developed by the facility provided the auditor with a wealth of information on each reception and transfer into the facility and was thus utilized as a tool to measure compliance with the standard.

To authenticate the reliability of this risk screening log, the auditor requested computer assessment records for three randomly sampled inmates on 02/16/2017. These computerized assessment reports authenticated the veracity of the information recorded within the risk screening log. A second random sample of six inmates whose risk screenings were due in March and April of 2016 were requested by the auditor on 04/05/2017 and provided on the same date. Again, as found during the previous sample, the data contained within the secondary risk screening log was verified as accurate.

Based on the facility's detailed secondary risk screening log and the confirmation of that log's accuracy through random sampling, the auditor is satisfied that the Detroit Reentry Center has established sufficient practice to demonstrate its commitment to perform risk screening for all inmates received at the facility, consistent with provisions (a), (b) and (f) of the standard. The information gathered through compliance with this standard, ultimately provides secondary evidence of compliance with relative standards 115.42, 115.81 and 115.83.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed the PREA Manual and policy 05.01.140 and found that the agency policies are compliant and mirror the language set forth in provision (a) of the standard. The agency uses a computerized assessment process to arrive at an inmate classification for risk. The results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. The facility provided a copy of their count sheets that identifies housing assignments along with assessed risk which the auditor believed was great tool to demonstrate use of the screening information for housing decisions. However, the lack of a 72-hour intake screening process for all incoming inmates creates an opportunity for key aspects of vulnerability to go undetected or for inappropriate housing decisions to stand based off of prior assessments should an individual have changed key criteria regarding risk, such as their identification status as a member of the LGBTI community or have experienced victimization at the agency's reception center that is not consistent with the intent of provision (a).</p> <p>The PREA Coordinator at the facility stated that the risk screening tool is used to identify factors required by the standards to prevent housing high risk abusers with high risk victims. An interview with a staff person responsible for orientation at the facility was also responsible for employment assignments within the facility. This individual reported that the results from the risk assessment process are used to inform housing decisions; however, are not typically used to inform employment assignments. The only employment situation identified where the results of this tool are considered occurs is with respect to POA, which is a prisoner peer observation program for individuals on a constant monitored watch. During the audit tour, the auditor observed work assignments within the Michigan State Industries building and warehouse where potential victims and abusers could work together in a isolated areas with minimal supervision and some consideration should be given to these employment assignments with respect to assessed risk to demonstrate compliance with provision (a). The auditor is satisfied with the high level of supervision in the programming and education building to ensure that any risk identified by the screening tool is outweighed by the intensive staff to inmate ratio, direct observation and planned enhancements to monitoring technology.</p> <p>05.01.140 Prisoner Placement and Transfer and the PREA Manual, which were reviewed by the auditor, establish agency policy regarding individualized safety determinations. Policy and both a formal and informal interview with a transgender inmate demonstrates that the facility makes individualized determinations to ensure the safety of each inmate, consistent with provision (b) of the standard. In addition to the risk screening process and its use to determine proper housing assignments, there is a degree of flexibility to make individual accommodations. The DRC is also home to the agency's dialysis unit where inmates may exhibit vulnerabilities due to their medical conditions. The facility demonstrates consideration of these needs when housing and providing programming opportunities to these individuals, going so far as to establish a housing unit specific to these individuals. Through informal interviews during the audit tour, staff charged with risk screening and making housing decisions were well aware of the proper use of screening information for bed assignments. While the agency demonstrates that it meets the requirements of provision (b) within its</p>

practices, there is concern about the reliability of the information that it is basing its decisions upon due to the lack of a 72-hour intake screening process for all receptions and transfers into the facility.

The PREA Manual and policy 04.06.184 (Gender Identity Disorder), reviewed by this auditor, contains language and provisions to satisfy the standard requirements that the agency make case by case determinations for transgender and intersex housing and programming assignments consistent with provision (c). Despite the DRC's designation as a short term facility for inmates preparing to reenter the community; the agency placed a long-term transgender inmate at the facility and housed her on the unit designated for the dialysis patients. The agency and facility made unique accommodations to ensure the safety needs of this inmate were met when selecting a placement facility. The PREA Coordinator at the facility states that transgender inmates are reviewed twice per year. Through formal and informal interviews with the transgender inmate and the supervisor of her housing unit, the auditor was informed that regular contact is maintained with the transgender inmate, with constant ongoing assessment of her individualized needs consistent with provision (c).

Policy 04.06.184, the PREA Manual and a Facility Memorandum were reviewed by the auditor. While policy indicates that placement and programming assignments for transgender, intersex and GID (gender identity disorder) inmates will be reassessed twice yearly by facility medical or mental health staff; the facility memo by the individual responsible for conducting said assessment specifically states that if the inmate is not diagnosed with GID, the process ends. This implies that reviews are not always conducted if the individual does not carry the proper psychiatric diagnosis.

An interview with the manager for the housing unit on which the transgender inmate is housed stated that she periodically meets with transgender inmates to make sure they remain safe. She stated "I don't know if policy requires that I need to do this, but I have a close relationship with the transgender inmate on my unit."

Despite the internal memorandum regarding the formal review process, this auditor is satisfied, through formal and informal interviews with the transgender inmate and the supervisor of her housing unit, that regular contact is maintained with the transgender inmate, with constant ongoing assessment of her individualized needs consistent with provision (d).

The PREA Manual, reviewed by the auditor, provides for a transgender or intersex inmate's own views to be considered in the placement process. The transgender inmate that was interviewed reporting being incarcerated for over 26 years. She did not recall receiving a formal review; however, stated that her preference for housing alone in a cell was honored by the DRC.

Based upon the formal and informal interviews with the transgender inmate, the manager for the housing unit holding the facility's transgender inmate and policy, it appears that the transgender inmate's view were considered when making determinations for housing and other programming determinations consistent with provision (e) of the standard.

Policy 04.06.184 and the PREA Manual, reviewed by the auditor, specify that transgender inmates are given the opportunity to shower separately. During the audit tour, an informal

interview with the transgender inmate housed at the facility reported that she was able to shower during count time when all other inmates are locked in their cells to demonstrate compliance with provision (f).

Policy 05.01.140 and the PREA Manual, reviewed by the auditor, address provision (g) of the standard; however, the PREA Manual provides a unique exception to place inmates in a dedicated unit when it is in the interest of the safety and security of the prisoner. This provision of the policy is open for interpretation and is contrary to the PREA Resource Center FAQ's in that the reader is led to believe that the facility has the sole right, without taking the inmate's own views with respect to safety, to determine placement. An interview with the agency's PREA Administrator clarified this point to indicate that the agency considers some of its facilities with open bay style housing to be an unsafe environment for individuals who identify as transgender or intersex; thus placing them in facilities with a high level of security and medical care to meet their transitional needs.

The PREA Administrator stated in an interview that the agency does not have any dedicated facilities or housing units that are specific to LGBT populations. There are facilities within the agency that are not conducive to the safety and privacy needs of transgender and intersex inmates, such as those with open bay or dormitory housing, that the agency attempts to avoid placing such inmates within to ensure safety and privacy. An interview with the PREA Coordinator at the DRC confirmed, that aside from possibly placing identified inmates in a cell by themselves, the facility takes no steps to house LGBT inmates in dedicated units or facilities. An interview with a transgender inmate revealed that she has never been placed in a dedicated unit by the agency during her 26 years of incarceration.

The facility and the agency practice demonstrate compliance with provision (g) of the standard and the auditor makes the determination that the DRC is in compliance with this provision of the standard; however, it is recommended that the PREA Administrator issue direction via memorandum to all facility PREA Coordinators to ensure that each is aware of the prohibition of placing transgender and intersex inmates in dedicated units for safety and security of the prisoner to remove any ambiguity contained within the agency's PREA Manual.

#### Corrective Actions Taken:

In satisfaction of provision (a), the facility issued a training memorandum on 02/28/2017 to all work supervisors to describe prohibited work pairings of Abusers and Victims identified through the risk screening process. As noted within the corrective action plan, the facility was required to implement an intake screening process for all new receptions to the facility in order to be considered fully compliant with the standard, as compliance hinged upon having the most reliable and up-to-date information to effectively implement the standard's intent. Through the information provided in support of standard 115.41, the auditor is satisfied that the Detroit Reentry Center has established sufficient practice to demonstrate its commitment to perform risk screening for all inmates received at the facility. Specifically, the facility developed a secondary risk screening log that was designed to track the dates of reception, due dates of the initial 72 hour and 30-day reviews required by standard 115.41. The veracity of that log was verified through random sampling by the auditor. Through the establishment of these intake risk screening practices, the auditor is now confident that the Detroit Reentry Center is now fulfilling the requirements under this standard with the most reliable and timely

information available, while also providing another opportunity to report sexual abuse that could have occurred at the preceding facility.

Based on the training memorandum provided to work supervisors, the auditor is now satisfied that the DRC is compliant with all elements of provision (a) of the standard. Based upon confirmation of intake risk screening practices required under 115.41, the auditor is satisfied that the facility is also basing its safety, housing, work, programming and educational decisions required by 115.42 with the guidance of the most accurate and recent information available. Evidence of substantial compliance with the standard has been established.

115.43	<b>Protective Custody</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The agency PREA Manual and policy 04.05.120 were reviewed by the auditor in determining compliance with provision (a) of the standard. The PREA Manual contains language that mirrors provision (a) of the standard. The auditor observed onsite and through pre-audit documentation that the facility has a robust computerized assessment and bed management system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evidenced during the tour and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered.</p> <p>The facility provided a memorandum to state that no inmates have been placed into involuntary segregation for the purpose of 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. In those circumstances, such placement is limited to a very short period, usually 1-2 days, before the inmate can be transferred. The auditor is satisfied that the facility refrains from placing inmates at high risk of victimization in segregated housing consistent with provision (a) of the standard.</p> <p>Agency policy 04.05.120 and the PREA Manual, which were reviewed by the auditor, specify that inmates shall maintain access to programs, privileges, education and work opportunities. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. Staff who supervise inmates in segregated housing report in both formal and informal interviews that once an inmate is placed into segregation, they only receive one hour out of the cell. This response implies that limitations to opportunities noted within provision (b) of the standard are possible; however, the staff person also stated that there was no way of knowing if an inmate had been placed into segregation for risk of victimization.</p> <p>During a tour of the segregated unit, it was clear to the auditor that once an inmate is placed into segregation that opportunities are limited to a potential one hour period of outdoor recreation regardless of the reason for placement into segregation. The facility reports that no inmates have been placed into involuntary segregation for protection from victimization. However, an inmate was placed into segregation after making an allegation of sexual abuse. This individual was in segregation for approximately 71 hours with no notation of limitations on available documentation. While this circumstance is not applicable to 115.43, standard 115.68 reflects back to the mandates of this standard and is indicative of facility practice. Absent evidence of non-compliance specific to inmates segregated due to high risk of victimization, the facility will be considered compliant with provision (b) of standard, but non-complaint with standard 115.68 for this lack of documentation relative to the limited opportunities.</p> <p>The facility reports to the auditor through a memorandum and through interviews with the PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization. In an interview with the Warden, he stated that if an inmate were placed into involuntary segregation due to risk of victimization, we would look for an alternative means of</p>	

managing the inmate and get them out to another area, facility, etc. within a day or two.

During a review of institutional investigations, it was discovered that the alleged victim in AIPAS #16729 was indeed placed into segregation following the allegation of sexual abuse involving a staff member. The victim was placed into segregation for approximately 71 hours. According to documentation within the investigative file, the alleged abuser was a staff member who was placed on a "Stop order" from the facility on the same date as the victim had been placed in segregated housing. There is no documented justification for the placement noted on the PREA Sexual Abuse Investigation Worksheet for this placement that exceeded 24 hours and the primary justification no longer existed after the alleged abuser was removed from the facility pending investigation. Moreover, the facility issued the inmate a misconduct for engaging in sexual acts with the alleged abuser in this case that was subsequently dismissed at a later hearing conducted at another facility that the alleged victim had been transferred to.

While this circumstance is not applicable to 115.43, standard 115.68 reflects back to the mandates of this standard and is considered by the auditor to be indicative of potential facility practice. Absent evidence of non-compliance specific to inmates segregated due to high risk of victimization, the facility will be considered compliant with provision (c) of the standard, but non-complaint with standard 115.68.

The facility reports through memorandum and interviews with the PREA Coordinator that no inmates have been placed into involuntary segregation due to risk of victimization, therefore, there are no records to review to demonstrate compliance or non-compliance with provision (d) of the standard. As noted in previous provisions, the facility did not fulfill this requirement for an alleged victim that was placed in segregated housing following an allegation of sexual contact with a staff member that will be addressed under standard 115.68. Due to the absence of specific non-compliance with provision (d) of the standard, the auditor determines compliance.

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

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 03.03.140, the PREA Manual, Prisoner Guidebook, Sexual Abuse Poster (advertising the sexual abuse hot-line) and the PREA brochure were reviewed by the auditor in determining compliance with provision (a). All provide information to advise inmates of reporting options. The agency permits PREA allegations to be reported verbally to staff, reported via message to the PREA hot-line, in writing via grievance, in writing to the Correctional Legislative Ombudsman, in writing via the kite system and directly to the Michigan State Police.</p> <p>During formal and informal interviews during the audit tour, staff were able to identify the hot-line, the kite and grievance systems and third party reporting mechanisms if an inmate were unwilling to report such allegations directly to staff at the facility. All random inmates were well aware of their abilities to report within the facility. Remarkably, the majority of the inmates interviewed claimed their first line of reporting would be to a staff member at the facility, indicating a reporting culture has been established at the facility. Inmates were able to identify the hot-line, the Legislative Ombudsman, as well as the ability for third parties to make a report on their behalf.</p> <p>During the tour, adequate reporting hot-line posters were prominently displayed throughout the facility. 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 hot-line. Prior to the first day of the audit, this auditor left a test message on the reporting hot-line established by the agency. During the first day of the audit, the instructions left on the reporting hot-line were followed, confirming the functionality of the hot-line to demonstrate compliance with provision (a) of the standard.</p> <p>Policy 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by the auditor, confirm that reports of sexual abuse and harassment may be reported outside the agency to the Legislative Corrections Ombudsman. Such reports can be made anonymously. The Memorandum of Understanding (MOU) between the two agencies specifies that reports must be forwarded immediately. Neither the facility nor the agency hold individuals for civil immigration purposes to require information with this section of provision (b) of the standard.</p> <p>During an interview with the DRC's PREA Coordinator, she identified that the facility uses the Legislative Ombudsman to take and forward reports of sexual abuse and sexual harassment at the facility. Randomly sampled inmates demonstrated difficulty identifying the Legislative Ombudsman as a reporting mechanism. Only 1 of 12 interviewed were affirmatively able to identify this option without prompting when asked; however, it is noted within the prisoner guidebook that this resource is available. Inmates were also aware of a crime stoppers number to make reports outside the agency. Inmates were aware of their ability to make anonymous reports. During the tour, inmates who were informally interviewed were well aware of the reporting hot-line and their ability to make anonymous written reports. Again, the</p>

Legislative Ombudsman was not regularly identified during informal interviews; however, it is published within the prisoner guidebook to sufficiently demonstrate compliance with provision (b) of the standard.

Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, require staff to accept verbal, written, anonymous and third party reports. Any verbal reports are required to be forwarded to a supervisor and documented as soon as possible. Through informal interviews during the audit tour, this auditor determined that both staff and inmates were well aware of the need for staff to accept and immediately act upon verbal, written, anonymous and third-party reports consistent with provision (c) of the standard.

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

Policy 03.03.140, the PREA Manual and Module 2 of the PREA training educates staff on their reporting options. These materials were reviewed by the auditor. Staff may make a private report to a supervisor, via the hot-line and via the agency's website reporting form. The agency provides multiple methods for staff to make private reports of sexual abuse and harassment of inmates. While policy and training materials provide multiple options for private reports, most staff reported during formal and informal interviews that they were comfortable making reports directly to through the chain of command, to the PREA Coordinator or agency PREA Administrator.

Random interviews of staff confirmed they were aware of private means to report and identified the hot-line, direct reports to the PREA Coordinator at the facility or the PREA Administrator in Lansing as their methods to privately report sexual abuse and harassment of inmates consistent with provision (d) of the standard.

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency utilizes administrative procedures to address sexual abuse and is not exempt as specified in provision (a) of the standard.</p> <p>DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (b), allows for an inmate's grievance to be submitted at any time to the facility PREA Coordinator or Inspector. Inmates are not required to informally resolve the alleged incident prior to filing a PREA grievance. The PREA grievance will address the elements of the grievance dealing with sexual abuse; however, will require the inmate to resubmit non-PREA related items in accordance with policy 03.02.130 Prisoner/Parolee Grievances. The auditor notes that the Director's Office Memorandum was issued to supplement existing grievance policy 03.02.130 which has not been updated to contain language consistent with provision (b) of the standard.</p> <p>DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (c), allows for an inmate's grievance to be submitted to the facility PREA Coordinator or the facility Inspector. The DOM specifies that the grievances will not be referred to the staff member subject to the complaint within. The prisoner guidebook and the grievance policy (03.02.130) do not contain language specific to provision (c) of the standard. The DOM supersedes these documents and establishes procedure until said policies can be revised or updated to reflect standard requirements. Grievances may also be submitted in locked boxes throughout the facility.</p> <p>DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which was reviewed by the auditor in determining compliance with provision (d), states the PREA coordinator or inspector shall ensure a written response is provided to the prisoner within 60 calendar days of receipt of the Step I PREA grievance unless an extension has been approved by the Internal Affairs Division in order to conduct an appropriate investigation. An extension of up to 70 calendar days may be approved by Internal Affairs if 60 calendar days is insufficient to make an appropriate decision. The prisoner shall be informed in writing of any extension and provided a date by which a decision will be made. If no response was received, the prisoner shall submit the appeal within 10 calendar days after the date the response was due, including any extension. A final agency determination on the merits of a PREA grievance shall be provided by the PREA Administrator within 90 calendar days from the original filing of the grievance. Computation of the 90 days does not include the 10 days allowed for the prisoner to file an administrative appeal.</p> <p>The only inmate remaining at the facility who reported sexual abuse filed a PREA grievance; however, the inmate had only made the allegation twelve days prior to the date of interview and the investigation was not yet complete. The inmate was unaware of how long the facility has to respond to the grievance. Investigative records for an unrelated allegation confirm that an allegation submitted via grievance on 11/01/2015 was investigated completely by 12/18/2015. The inmate paroled on 11/19/2015, before the investigation concluded. As a result, the submitter of this grievance did not receive a response.</p>

A review of the agency DOM and facility investigations demonstrates that facility practice is in compliance with provision (d) of the standard.

The DOM, which was reviewed by the auditor in determining compliance with provision (e) of the standard, permits that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. A third party may also assist a prisoner in filing the prisoner's PREA grievance in accordance with policy. If a third party files a PREA grievance on behalf of a prisoner, the prisoner must sign the PREA grievance in the area provided indicating the prisoner authorizes the grievance to be filed on his/her behalf for the grievance to be processed. If the prisoner refuses to sign, the PREA grievance shall be immediately dismissed. All Department responses to a PREA grievance filed by a third party will be provided only to the prisoner on whose behalf the grievance was filed. PREA grievance form CAJ-1038A has a section to identify if the grievance is submitted via third party and if the victim consents to the filing of the grievance on their behalf. If consent is not given, the grievance is denied and documented. Through review of the DOM and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with provision (e) of the standard.

On the PAQ, the facility claims that no emergency grievances have been filed by an inmate during the audit review period. The DOM, which was reviewed by the auditor in determining compliance with provision (f), establishes procedure for the processing of any emergency grievance in accordance with the standards requirements. The DOM states a prisoner or a third party may file an emergency PREA grievance if s/he believes that the prisoner is subject to substantial risk of imminent sexual abuse. The Prison Rape Elimination Act (PREA) Prisoner Grievance Form (STEP I) (CAJ-1038A) must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the warden. The warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA Administrator regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance. Through the PAQ and interviews with the facility PREA Coordinator, the facility claims that no emergency grievances have been filed by an inmate during the audit review period. The DOM establishes procedure for the processing of any emergency grievance in accordance with the requirements of provision (f) of the standard to satisfy this auditor's determination of compliance.

The DOM, which was reviewed by this auditor in determining compliance with provision (g), directs that staff shall not retaliate against a prisoner for using the PREA grievance process. If a prisoner intentionally files a PREA grievance which is investigated and determined to be unfounded and which, if proven true, may have caused an employee or a prisoner to be disciplined or an employee to receive corrective action, the prisoner may be issued a

misconduct report if approved by the warden. The facility reports no discipline has been issued due to an inmate filing a grievance related to alleged sexual abuse. The DOM establishes procedure for discipline of inmates in accordance with the requirements of provision (g) of the standard to satisfy this auditor's determination of compliance.

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Through interviews with the PREA Administrator and the facility PREA Coordinator, it was determined by the auditor that the agency and facility work collaboratively to establish relationships with outside support services. The facility has made attempts to establish formal relationships with the Wayne County SAFE program, the Detroit Rescue Mission Ministry program and the Detroit Police Victim Advocate program. The facility has documented its efforts to conduct meetings with these organizations in furtherance of obtaining a formal agreement via email correspondence that this auditor reviewed. While no formal agreement has been reached nor is in place, the facility and the agency maintain a copy of the "An End to Silence" handbook published by the PREA Resource Center. This book is maintained in the facility library and is accessible to inmates. Neither the agency nor the facility house civil immigration detainees; therefore, resources under this element of provision (a) are not applicable. Inmates are aware of monitoring procedures when contacting any agency listed within the An End to Silence publication.</p> <p>Randomly sampled inmates struggled to affirmatively identify the An End to Silence resource guide within the facility library. The inmate who reported sexual abuse stated that he was not provided access to outside victim advocate organizations; however, this stands to reason and is not indicative of non-compliance with provision (a) of the standard, as the facility has no formal agreement in place with an outside victim advocacy organization. Although the facility is determined compliant with the language within provision (a) of the standard by its provision of the An End to Silence resource guide in the absence of a formal agreement with advocacy services, to increase the inmate population's awareness of the An End to Silence resource listing, it is highly advisable that the facility advertise the availability of this publication either on the inmate channel or through written notices posted on housing unit bulletin boards.</p> <p>Through policies 05.03.118 Prisoner Mail, 05.03.130 Prisoner Telephone Use, the PREA Manual and the Prisoner Guidebook which were reviewed by the auditor in determining compliance with provision (b) of the standard, inmates are adequately made aware of how communications are monitored and which lines of communication are unmonitored for confidentiality purposes.</p> <p>Through interviews with the PREA Administrator and the facility PREA Coordinator, it was determined by the auditor that the agency and facility work collaboratively to establish relationships with outside support services. The facility has made attempts to establish formal relationships with the Wayne County SAFE program, the Detroit Rescue Mission Ministry program and the Detroit Police Victim Advocate program. The facility has documented its efforts to conduct meetings with these organizations in furtherance of obtaining a formal agreement via email correspondence that this auditor reviewed to determine compliance with provision (c) of the standard. It is noted that through an interview with a representative of the Wayne County SAFE/SANE program, that agency's SANEs are also trained as victim advocates and provide advocacy resources when necessary during the forensic examination process. The facility is encouraged to pursue this potential avenue for outside advocacy resources as it also works to establish a formal relationship for SAFE/SANE services.</p>

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Through a review of Director's Office Memorandum 2016-29 (regarding prisoner PREA related grievances), the Ombudsman MOU, the Sexual Abuse reporting poster, the online reporting form and an example of a facility email documenting receipt and action on a 3rd party report; the auditor is satisfied that the agency and the facility permit third party reports of sexual abuse and sexual harassment via all methods that are accessible to an inmate directly reporting sexual abuse and sexual harassment, with the additional option of utilizing the agency's website to make a report. Third parties may use the internal kite system, call the reporting hot-line, contact the Legislative Ombudsman, access the agency's on-line reporting form, contact facility staff directly and file PREA grievances. Based on a review of the aforementioned, compliance with provision (a) of the standard was determined.</p>

115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by the auditor, confirm that staff are required to report all elements denoted within provision (a) of the standard. Local operating procedure 03.03.140 dictates that staff at the DRC are responsible for making reports to their immediate supervisor. Formal and informal interviews during the audit tour indicate that staff are aware of their need to take immediate action with any reports of sexual abuse, sexual harassment or retaliation that comes to their attention, complaint with provision (a) of the standard.</p> <p>Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, contain distinct prohibitions against sharing any information received from a sexual abuse report, consistent with provision (b) of the standard. The only acceptable disclosures are relative to investigative, treatment, security and management decisions. Agency policy and random interviews with selected staff confirm that individuals within the facility are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse to demonstrate compliance with provision (b) of the standard.</p> <p>Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, clearly require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting. Clinicians are required to disclose their duties to report. Through formal and informal interviews with medical and mental health care staff, both classes of staff affirmed their obligation to disclose their limits of confidentiality before each encounter and both articulated their obligations to convey any reports of facility based sexual abuse to the PREA Coordinator at the facility. The facility provided an example of the facility psychiatrist making a report consistent with provision (c) of standard to demonstrate compliance.</p> <p>Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, require the facility staff to report any allegation involving a victim under the age of 18 to the agency PREA Administrator for forwarding to the proper state authorities under mandatory reporting laws. The facility does not house inmates under the age of 18 and has not had to make such reports during the audit period identified by provision (d) of the standard.</p> <p>The Warden stated in an interview that juvenile inmates are not housed at this facility and there has been no experience reporting such an allegation. The agency PREA Administrator confirms in an interview that mandatory reports are forwarded to his attention and he is responsible for making the report to the mandated agency.</p> <p>Through agency policy and interviews with the PREA Administrator, the agency has sufficiently demonstrated that it has procedures in place for making necessary mandatory reports in compliance with provision (d) of the standard. Such reports have not come from the DRC; however, the agency has experience forwarding such reports to applicable state agencies.</p> <p>Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (e), direct that all reports of sexual abuse and sexual harassment</p>

are brought to the attention of the appropriate supervisory staff and subsequently referred for investigation. A review of investigation files by this auditor confirms that this practice is carried out within the facility and the facility provided an example of a 3rd party allegation made on behalf of an inmate. Investigative reviews provided adequate examples of written and verbal allegations that were immediately forwarded to the attention of investigatory staff. An interview with the Warden confirms that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on the foregoing, the auditor determined compliance with provision (e).

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 05.01.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), state whenever a prisoner is subject to imminent risk of sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Action to protect the prisoner may include, but is not limited to, changes in housing units and/or assignments, transfers, and stop orders.</p> <p>The agency head's designee confirms that action is taken immediately by the facility to protect inmates. The facility head is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims. An interview with the Warden confirms that the facility takes immediate action on a case-by-case basis to determine what measures are required to ensure the safety of each inmate. All random staff interviewed recognized their need to take immediate action to protect inmates from victimization. Four randomly interviewed staff, however, stated they would place the potential victim in segregated housing. However, the auditor notes that these randomly interviewed staff do not have the supervisory authority to place an inmate into segregation for protection. The facility is encouraged to make additional efforts to educate staff on the need to use segregation as a last resort for protective measures.</p> <p>Through a review of investigation materials, specifically AIPAS #16729, the facility utilized a combination of a Stop order against the alleged abusing staff member and administrative custody for the alleged victim until a transfer to another facility could be effectuated for protective measures to demonstrate that the facility does take immediate action to protect inmates from substantial risk of sexual abuse. While facility actions may ultimately infringe on responsibilities articulated under other standards, the auditor determines compliance with provision (a) of the standard based on the facility's immediate action in response to perceived threats of sexual abuse.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1460 705">Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. 03.03.140 V does not specify that allegations must be forwarded by the facility head to facilities outside of the Department. The forwarding of the document by the PREA Administrator does not comply with the facility head requirement of provision (a) of the standard. The two examples provided by the facility of reports received from other confinement facilities were not forwarded by the Warden. One was forwarded by the hearing examiner and the second was forwarded by the PREA Coordinator for the facility to demonstrate non-compliance with provision (a) of the standard.</p> <p data-bbox="252 750 1484 952">Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution within 72 hours. The two examples of such reports within the audit period, that were reviewed by the auditor in determining compliance with provision (b) of the standard, were both forwarded on the date the allegation was received.</p> <p data-bbox="252 996 1476 1467">The PREA Manual and agency policy 03.03.140, which were reviewed by the auditor, require that such notifications are made within 72 hours. Both facility examples reviewed by the auditor were reportedly made on the date they were received. One example contained the email trail to verify the time frame of notification. The second report contained a memorandum dated within the proper time frame that was accompanied by the grievance on which the allegation was submitted. The facility lacked email documentation to verify that this report was forwarded to the facility where the allegation was alleged to have occurred in compliance with agency policy. Post-audit, this auditor was provided a copy of a grievance tracking log to document that the notification was received with one day of the memorandum. While the facility did not comply with its own internal policies relative to provision (c) of the standard, secondary logs were sufficient to demonstrate compliance with provision (c) of the standard.</p> <p data-bbox="252 1512 1484 2072">Policy 03.03.140 and the PREA Manual, which were reviewed in determining compliance with provision (d) of the standard, establish procedures for ensuring that any allegations received from other confinement facilities are investigated. The facility receiving the allegation must ensure the allegation was not previously investigated. If the allegation was not investigated, the facility shall conduct an investigation of the allegations. Both the agency head's designee and the Warden both confirm that allegations received from other confinement facilities are properly investigated. The facility reports on the PAQ, through interviews with the facility PREA Coordinator and through the auditor's review of facility investigations, it was determined that the DRC has not received notification consistent with provision (d) regarding any allegation that was not previously investigated. Through interviews with the agency head's designee, the Warden and the facility PREA Coordinator, the auditor is satisfied that sufficient procedures are in place to address allegations consistent with provision (d) of the standard should they be reported.</p> <p data-bbox="252 2116 574 2150">Corrective Action Taken:</p>

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section X specifically addresses the need for the Warden to forward all allegations to the facility head or office of the agency where the allegation is alleged to have occurred when the allegation pertains to a non-MDOC facility.

The facility provided sample documentation to demonstrate that the Warden of the facility notified the Facility Head of the location where the allegation was reported to have occurred on 02/07/2017. This notification occurred on the same date as the allegation was received and demonstrates compliance with the standard.

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Manual, which was reviewed by the auditor, requires the first responding security staff member to take the four actions specified by provision (a) of the standard to ensure the safety of the victim and preservation of any forensic evidence should the allegation have taken place within a period of time for the collection of such evidence from the victim and the abuser.</p> <p>An interview with a first responder indicated that as soon as the allegation was known, immediate action was taken to separate the alleged victim and abuser. A medical examination followed, where it was determined that a forensic examination was not necessary. The first responder subsequently collected the reported physical evidence of alleged letters between the alleged victim and alleged abuser. An interview with an inmate who reported sexual abuse confirmed that separation took place; however, that separation was effectuated by placing the alleged victim in administrative segregation for a misconduct written at the time of the allegation. The inmate's reported allegation did not involve penetration; therefore, there was no forensic evidence to collect.</p> <p>It is noted that the facility's statistical responses to the PAQ were inconsistent with the information uncovered during the audit. Through a review of investigations, there were not two, but, four know investigations of sexual abuse. This auditor also notes that one investigation that was classified as sexual harassment involved a sexual threat, which should have been investigated as sexual abuse.</p> <p>Based on a formal interview with a first responder, a review of policies and informal interviews with staff during the audit tour, this auditor was satisfied that the DRC staff are well aware of their first responder obligations under provision (a) of the standard and has executed these obligations when necessary.</p> <p>The PREA Manual, which was reviewed by the auditor, requires that a non-custody first responder staff immediately notify a supervisor in their chain of command for a referral to the facility Inspector. Non-custody staff are directed to request that the alleged victim not take any actions that could destroy physical evidence. There were no non-security first responders during the audit period. During the audit tour, staff were informally interviewed and demonstrated that they were well aware of their responsibilities to request that the alleged victim not take any actions that could destroy physical evidence to demonstrate compliance with provision (b) of the standard.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has developed its own operating procedures for agency policy 03.03.140. The document titled Facility OP 03.03.140, which was reviewed by the auditor, describes the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. The interview with the Warden outlined the facility's preparation to employ first responder procedures involving key DRC staff in coordinated manner to find compliance with provision (a) of the standard.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The MDOC's PREA Manual's language, which was reviewed by the auditor, mirrors the language of provision (a) of the standard. A review of the seven collective bargaining agreements entered into on behalf of the agency since the effective date of the PREA standards, includes agreements with the Michigan State Employee's Association (MSEA), American Federation of State, County, Municipal Employees (AFSCME), Michigan Corrections Organization (MCO), Service Employee's International Union (SEIU)-Scientific and Engineering bargaining unit, Service Employee's International Union (SEIU)-Technical bargaining unit, Service Employee's International Union (SEIU)-Human Services Support Bargaining Unit and United Auto Workers (UAW)-Administrative Support Unit and Human Services Unit. The auditor was satisfied that all agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates, consistent with provision (a) of the standard. Specifically, when warranted, the employer may take actions that include suspension of an employee during the course of an investigation. This suspension may continue until the time where disciplinary actions are determined.</p> <p>An interview with the agency head's designee confirms that the agency maintains the right to assign staff, even in the case of such employee winning a bid position. There are no terms within the bargaining contracts that prevent the employer from removing staff for cause during an investigation to demonstrate compliance with provision (a) of the standard. The auditor is not required to audit provision (b) of the standard.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The agency designates that Supervisory staff, other than the direct supervisor, shall monitor for retaliatory performance reviews, reassignments and other retaliatory action not substantiated as legitimate discipline or performance matter for staff. Supervisory staff shall also monitor for disciplinary sanctions, housing/program changes and also conduct periodic status checks for prisoners who report or have reported alleged victimization. At the DRC, the PREA Coordinator is responsible for monitoring. The aforementioned allow the auditor to determine compliance with provision (a) of the standard.</p> <p>Through interviews with the agency head's designee, the PREA Administrator, the PREA Coordinator and the Warden of the facility, it was determined that both the agency and the facility employ multiple measures to ensure that inmates and staff who report sexual abuse and sexual harassment or cooperate with investigations into such actions are protected from retaliation consistent with provision (b) of the standard.</p> <p>Through a review of facility investigations, the DRC demonstrated the use of STOP orders against staff who were alleged to have committed acts of sexual abuse, housing unit transfers, facility transfers and the use of segregation to protect victims. While there is concern regarding the appropriateness of the use of segregation for alleged victims of sexual abuse that will be addressed under standard 115.68; the agency and the facility does demonstrate that it takes immediate action to ensure protections against retaliation are put into place.</p> <p>An interview with the agency head's designee confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at each facility. In an interview with the Warden, he expressed a commitment to employing housing unit changes and other protective measures before using segregation. If segregation was the only alternative, the facility generally has the ability to transfer an individual to another MDOC facility within one to two days. Should retaliation be noticed, an investigation would ensue. The PREA Coordinator at the facility is also charged with retaliation monitoring. She stated that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of factors enumerated under provision (c) of the standard and face-to-face meetings.</p> <p>An inmate at the facility that had reported sexual abuse was interviewed. After being placed in segregation, he reported that staff yelled out that he was an informant to other inmates. Although he is not sure this was specifically related to his PREA report, he thought the action to be coincidental.</p> <p>The auditor determines compliance with provision (b) of the standard based on the cited interviews, policy provisions to ensure multiple monitoring measures are employed and facility</p>

protection measures it demonstrated following allegations of sexual abuse and sexual harassment.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The PREA Manual states that individuals who report sexual abuse are monitored for at least 90 days. The agency and the facility monitor for 90 days unless the allegation is unfounded, at which time, retaliation monitoring would cease. In the event retaliation is observed, policies ensure that it is remedied promptly and that monitoring can be extended beyond 90 calendar days if necessary. An interview with the Warden and staff charged with retaliation monitoring confirm that if retaliation is noticed, it is referred for investigation.

The facility reported no instances of retaliation during the audit period on the PAQ. Investigatory files were reviewed and it was discovered that facility practice is not in compliance with agency policy. In case 15906, the CAJ-1024 PREA Sexual Abuse Investigation Worksheet confirms that retaliation monitoring was not initiated after the allegation was made. In case 18126, the CAJ-1024 PREA Sexual Abuse Investigation Worksheet confirms that retaliation monitoring was not initiated after the allegation was made. These cases represent 20% of the total allegations the facility reports were investigated within the audit period, included a case that took place roughly one month prior to the audit and were determined not to be indicative of substantial compliance with provision (c) of the standard.

The PREA Coordinator at the facility is also charged with retaliation monitoring. She stated in an interview that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of these activities and face-to-face meetings, consistent with provision (d) of the standard.

Investigatory files were reviewed and it was discovered that facility practice was not in compliance with agency policy. In case 15906, the CAJ-1024 PREA Sexual Abuse Investigation Worksheet confirms that retaliation monitoring was not initiated after the allegation was made. In case 18126, the CAJ-1024 PREA Sexual Abuse Investigation Worksheet confirms that retaliation monitoring was not initiated after the allegation was made. These cases represent 20% of the total allegations the facility reports were investigated within the audit period, included a case that took place roughly one month prior to the audit and were determined not to be indicative of substantial compliance with provision (d) of the standard.

The PREA Manual, which was reviewed by the auditor, specifies that if any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary. The agency head's designee and the Warden both confirm in interviews that allegations of retaliation are taken seriously and investigated when reported by anybody who cooperates with sexual abuse and sexual harassment allegations to determine compliance with provision (e) of the standard.

The PREA Manual specifies, which was reviewed by the auditor, confirms that retaliation monitoring ceases when an allegation is unfounded and multiple instances were observed

through facility investigations where monitoring concluded after the allegation was determined to be unfounded consistent with provision (f) of the standard.

Corrective Actions Taken:

The Detroit Reentry Center submitted copies of completed investigations to the auditor for review on 03/27/2017. The allegation for investigation #19686 was received via grievance and initiated after the alleged victim in the case had paroled from the facility. Therefore, retaliation monitoring was not applicable in this case.

The facility submitted completed investigations #19773 and #20178; however, did not include the retaliation monitoring forms. The auditor made a subsequent request for said documentation. The auditor was informed that the facility processed investigation #19773 as an allegation of sexual harassment; therefore, retaliation monitoring was not initiated and not required by the standards. The auditor was provided a copy of the retaliation monitoring form for investigation #20178 on 04/03/2017. Retaliation monitoring was initiated, as required, at the Detroit Reentry Center and subsequently forwarded to the facility where the alleged victim transferred for completion.

Through documentation provided in support of other standards, the auditor was aware of recently opened sexual abuse investigations and requested proof of retaliation monitoring completed thus far in those cases on 04/05/2017. Within the same day, the facility provided the auditor proof that it had initiated retaliation monitoring for an allegation made on 03/27/2017. This monitoring form was forwarded to the institution where the alleged victim transferred for continuation. A second sample proved that the DRC initiated retaliation monitoring for an allegation made on 02/24/2017. The alleged victim remained at the facility and the DRC continued with retaliation monitoring at regularly specified intervals. Retaliation monitoring consisted of face-to-face contacts and a review of factors enumerated by the standards.

During the Corrective Action Period, the Detroit Reentry Center has demonstrated its commitment to initiate and provide retaliation monitoring for staff and inmates who report sexual abuse. With the understanding that the Detroit Reentry Center is a short-term facility for inmates who are either reentering the MDOC or reentering to the community and limited opportunity to provide evidence of long-term monitoring, sufficient evidence has been provided that the facility has established practices to ensure all known victims of sexual abuse and inmate reporters of sexual abuse are monitored for retaliation. In those instances where the inmate is transferred to another MDOC facility after retaliation monitoring has been initiated; the DRC forwards retaliation monitoring forms to the receiving institution for continuation of monitoring responsibilities. While the facility has not had an allegation to generate sample documentation to verify staff reporters of sexual abuse are monitored; the evidence provided in support of this standard verifies that the facility has established procedures to effectively accomplish this responsibility when necessary. Based upon supporting documentation of retaliation monitoring in all known instances of sexual abuse during the 90-day corrective action period established for this standard; the auditor now finds the facility compliant with provisions (c) and (d) of the standard.

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During a review of institutional investigations, this auditor discovered that the alleged victim in AIPAS #16729 was placed into segregation following the allegation of sexual abuse involving a staff member. The victim was placed into segregation for approximately 71 hours. According to documentation within the investigative file, the alleged abuser was a staff member who was placed on a "Stop order" from the facility on the same date as the victim had been placed in segregated housing. There is no documented justification for the placement noted on the PREA Sexual Abuse Investigation Worksheet (CAJ-1024) for this placement that exceeded 24 hours. The Notice of Intent to Classify to Administrative Segregation states that the inmate was placed into segregation "due to information disclosed in allegations written by the prisoner...prisoner will remain in Administrative Segregation pending further investigation." The facility did not document that program limitations were imposed, although all other triangulated evidence regarding segregation indicate that one hour of recreation is the only opportunity provided to those placed into segregation. Moreover, the facility issued the inmate a misconduct for engaging in sexual acts with the alleged abuser in this case that was subsequently dismissed at a later hearing.</p> <p>It is noted that the facility's statistical responses to the PAQ were inconsistent with the information uncovered during the audit. Through a review of investigations, there were not two, but, four known investigations of sexual abuse. Due to the low number of sexual abuse investigations, the cited example in AIPAS #16729 and included rationale on the notice of intent to classify to administrative segregation is the most reliable evidence to determine that the facility is not in substantial compliance with the intent of provision (a) of the standard.</p> <p>While onsite during the audit, an inmate who alleged sexual abuse was interviewed. This inmate was currently housed in segregation; however, it is noted that this individual also was issued a misconduct for his alleged behavior during the incident where the sexual abuse was to have occurred. The investigation was not complete at the time of the audit to determine if this investigation met compliance with provision (a) of the standard.</p> <p><b>Corrective Action Taken</b></p> <p>During the corrective action period, the facility provided the auditor with a copy of its completed investigations on 03/27/2017. The auditor reviewed sample documentation, to include CAJ-1024 forms for all completed sexual abuse investigations, and found no evidence of alleged victims of sexual abuse being placed into involuntary segregation due to reports of victimization.</p> <p>On 04/03/2017, the facility sent a mental health contact note for an alleged victim in support of 115.82. The contact note indicates the alleged victim was interviewed while in segregation. After inquiry by the auditor, the facility provided evidence that the alleged victim was placed into segregated housing for a disciplinary infraction involving the alleged victim's sexual assault of a staff member. In order to assure compliance with this standard and other related standards, the auditor requested that the facility supply the auditor the investigation and</p>

incident review when completed.

On 05/11/2017, the auditor received the completed investigation packet. The investigation was thorough and significant evidence emerged through multiple witness accounts to validate that the alleged victim had indeed sexually assaulted the staff member to justify placement in segregated housing. As such, the auditor is satisfied that this alleged victim's placement in segregated housing was consistent with the requirements of the standard.

Based upon a review of available investigatory documentation during the corrective action period, the auditor found no evidence of that the facility placed alleged victims of sexual abuse into involuntary segregation due to reports of victimization in compliance with the standard.

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), state that when receiving an allegation of sexual abuse or sexual harassment, as described in the definitions of this manual, whether reported verbally or in writing, shall be investigated. Staff shall ensure all allegations are referred to the appropriate law enforcement agency in accordance with policy and law for criminal investigation in conjunction with the Department's administrative investigation. Referrals to law enforcement shall be documented in the Department's investigative report, PREA investigation worksheet(s) and pertinent computerized database entry(ies). A Warden's or Administrator's designee will refer the allegation no later than 72 hours after the report was made to the Internal Affairs Division by creating the AIPAS entry for each alleged incident. Agency policy requires that all reports, regardless of their source of origination, be taken and referred for investigation.</p> <p>An interview with a facility investigator stated that investigations are initiated within 72 hours of report. All reports of sexual abuse and sexual harassment, including anonymous or third party reports are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made.</p> <p>The auditor does not believe that the facility meets the thoroughness element of provision (a). There is concern over the use of the investigatory questionnaire. This questionnaire is a predetermined set of questions that the investigator would ordinarily ask during the course of an investigatory interview. Employees are permitted to take the questionnaire with them and have up to 24 hours later to submit the questionnaire after conferring with union representation. Furthermore, it is written into the language of the Corrections Officer's collective bargaining agreement that employees have not only 24 hours to respond to the questionnaire, they have an additional 24 hours after submitting the questionnaire to amend their responses. Inmates may also be "interviewed" by questionnaire.</p> <p>An interview with a facility investigator confirmed that it is possible for an investigation to be conducted entirely by questionnaire. This could include a questionnaire with the alleged victim, alleged abuser and all witnesses. A review of facility investigations reveals the common practice of statements being taken solely by questionnaire without an in-person interview, to include questionnaires of the alleged victim and alleged abuser. Moreover, the failure of an inmate to respond to a questionnaire was the primary basis used to unfound accusations against staff members in AIPAS #15906 and AIPAS #18126. There is no noted investigatory activity within the investigatory memo for AIPAS #18126 other than the victim's failure to respond to a questionnaire.</p> <p>The auditor notes that the use of an investigatory questionnaire potentially disenfranchises those inmates with limited English proficiency, who may be disabled, under-educated or illiterate. Moreover, the lack of an in-person interview with key participants within an investigation diminishes the potential for meaningful testimonial evidence to be obtained</p>

through a dynamic dialogue with the investigator that considers tone, body language and allows for instantaneous follow-up questioning on any inconsistencies. Closed ended questions as contained in an investigatory questionnaire do not encourage the discovery of facts relevant to a thorough investigation as required by provision (a) of the standard.

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

The DRC provided records, reviewed by the auditor in determining compliance with provision (b) of the standard, to demonstrate that it has 9 current investigators on staff who completed the MDOC's Basic Investigator's Training course. Two of these investigators also completed the NIC Specialized Investigator's course.

An interview with a facility investigator demonstrated a degree of difficulty expressing what the Garrity warning was, along with difficulty expressing the level of proof required to substantiate an allegation despite completion of the training required under provision (b).

The MDOC's basic investigator's training's training , which was reviewed by the auditor in determining compliance with provision (c) provides sufficient background training to enable investigators to fulfill the elements set forth within the standards. While agency policy 03.03.140 and the PREA Manual outline the agency's goal to comply with the all elements noted in provision(c), facility practice and a review of investigations raises concern regarding compliance with this provision of the standard.

Through interviews with the PREA Coordinator and a review of investigations, the DRC has not had a report of sexual abuse where there was the opportunity to still collect forensic evidence. The facility demonstrates that it makes its best efforts to preserve evidence, whether that be in the form of video, shift rosters, log books, etc. The element that is of concern to this auditor is the use of the investigatory questionnaire, which is determined not to meet the interview requirements as specified in provision (c) of the standard.

This questionnaire is a predetermined set of questions that the investigator would ordinarily ask during the course of an investigation. Employees are permitted to take the questionnaire with them and have up to 24 hours later to submit the questionnaire after conferring with union representation. Furthermore, it is written into the language of the Corrections Officer's collective bargaining agreement that employees have not only 24 hours to respond to the questionnaire, they have an additional 24 hours after submitting the questionnaire to amend their responses. Inmates may also be "interviewed" by questionnaire.

An interview with a facility investigator confirmed that it is possible for an investigation to be conducted entirely by questionnaire. This could include a questionnaire with the alleged victim, alleged abuser and all witnesses. A review of facility investigations reveals the common practice of statements being taken solely by questionnaire without an in-person interview.

Provision (c) of the standard requires that investigators interview alleged victims, suspected perpetrators and witnesses. Facility practice is to permit an investigative questionnaire to stand as the investigatory interview, which is not consistent with provision (c) of the standard nor is it consistent with the agency's own basic investigator training. This practice places individuals who are limited in their English proficiency, intellectually disabled, under-educated or illiterate at a distinct disadvantage to benefit from the investigatory process. Moreover, this creates the opportunity for alleged abusers to collude and unify statements to compromise and undermine the investigative focus.

Through a sampling of facility investigations, this auditor found that investigation #15906 was conducted solely by questionnaire. Investigation #18126 concluded as unfounded due to the paroled alleged victim's failure to send in a statement without any action to confirm an interview with the alleged perpetrator in the case. Investigation #18064 appears to be conducted solely by questionnaire. Investigation #16668 concluded without interview of the victim and abuser.

As reflected under provision (a) of the standard, the thoroughness of this questionnaire is more consistent with a basic information gathering tool that should subsequently be supplemented with an interview as required by provision (c) of the standard.

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

The PREA Manual, which was reviewed by the auditor, states that an alleged victim's credibility will be assessed on an individual basis and not determined by the person's status as an inmate or staff member. An interview with a facility investigator confirmed that he would "treat them all as credible because something could have happened. If this is the fourth or fifth allegation by the same guy, I would mention it in the conclusion." He also indicated that truth-telling devices are not used in the investigatory process. An inmate who reported sexual abuse confirmed that he was not subjected to any truth-telling device to allow this auditor to find compliance with provision (e).

A review of investigations indicate that staff actions are considered during the course of investigations where applicable in compliance with provision (f). Reports are formatted to outline both physical and testimonial evidence, credibility assessments and investigative facts. Supporting documentation is also referenced that either proves or disproves the investigative outcome. An interview with a facility investigator confirms that staff acts are considered and investigative reports that document investigatory activities that support a conclusion are generated.

As addressed in provision (a) and provision (c), the facility's use of the investigatory questionnaire limits the thoroughness of the investigation and its ability to consider staff actions that could have contributed to abuse. However, the auditor finds compliance with provision (f) based on the investigations the facility conducted in which all applicable parties

participated. These investigations demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion.

The DRC reports that no criminal investigations were conducted during the audit period during interviews and on the PAQ. A review of facility investigations by the auditor confirms this report. According to interviews with the PREA Administrator, the Michigan State Police conduct criminal investigations and there was a request that the agency comply with applicable PREA standards. The auditor reviewed the PREA Manual which also requires that criminal investigative reports are generated to outline both physical and testimonial evidence, credibility assessments and investigative facts. Supporting documentation is also referenced that either proves or disproves the investigative outcome, allowing the auditor to find compliance with provision (g).

The facility reports on the PAQ, through interviews with the PREA Coordinator and a review of investigations this auditor confirms that no allegations which were investigated during the audit period produced a level of evidence to refer for prosecution as required by provision (h) of the standard. The auditor reviewed agency policies 03.03.140 and the PREA Manual. A review of policy, coupled with an interview with the PREA Coordinator and a facility investigator; the auditor is satisfied that the DRC has procedures in place to refer substantiated allegations of criminal conduct for prosecution consistent with provision (h) of the standard.

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

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (j), specifies that investigations will continue despite the departure of any alleged victim or abuser. However, through a review of investigations, facility practice does not appear to match agency policy. Investigation #18126 concluded as unfounded due to the paroled alleged victim's failure to send in a statement or participate in the investigation. A review of the investigation lacks documentation, such as a completed questionnaire or notation within the summary, to confirm an interview with the alleged perpetrator in the case. While this specific investigation could be considered an isolated incident, this investigation was one of two observed investigations that fit the criteria of a departed victim as specified in provision (j) and occurred approximately one month prior to the audit to be considered representative of facility practice by the auditor.

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

Interviews with the Warden, PREA Coordinator, PREA Administrator and investigators support the fact that facility staff are required comply with outside investigators and the facility Inspector is the responsible party for ensuring coordination with the MSP, allowing this auditor to find compliance with provision (l).

Corrective Action Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that sections ZZ and CCC specifically addresses the need for investigators to personally interview the complainant, victim, perpetrator and sufficient witnesses to establish the facts.

The facility provided the auditor with copies of three completed investigations, #19686, 19773 and 20178 on 03/27/2017. The investigations demonstrate that physical interviews were conducted with available victims, subjects and witnesses. In each investigation, the facility investigator demonstrated proper follow-up on inconsistencies reported within the investigatory interviews and used interview information to analyze credibility of applicable parties in reaching a conclusion to the investigation. In investigation #19686, the investigator made commendable efforts to arrange for an interview with an alleged victim who had paroled from the facility before the investigation into his allegation began.

On 04/03/2017, the facility sent a mental health contact note for an alleged victim in support of 115.82. The contact note indicates the alleged victim was interviewed while in segregation. After inquiry by the auditor, the facility provided evidence that the alleged victim was placed into segregated housing for a disciplinary infraction involving the alleged victim's sexual assault of a staff member. In order to assure compliance with this standard and other related standards, the auditor requested that the facility supply the auditor the investigation and incident review when completed.

On 05/11/2017, the auditor received the completed investigation packet for investigation #20466. The investigation was thorough and significant evidence emerged through multiple witness interview accounts to validate that the alleged victim had indeed sexually assaulted the staff member. Furthermore, through the investigation, it was learned that the allegation was disclosed to a staff member who failed to report the allegation at the time it was know. The investigation included a focus on this staff failure to act, which led to appropriate internal corrective action with that individual.

Based on a review of supporting documentation within the revised agency policy and documented proof within these investigations that physical interviews took place with alleged victims, witnesses and alleged perpetrators; the auditor is satisfied that the Detroit Reentry Center has demonstrated its capability and willingness to comply with previous non-compliant provisions (a), (c) and (j) of the standard. Specifically, the facility has committed to more thorough investigations, has established procedures to interview critical parties to an investigation and has demonstrated follow-through in an investigation where the alleged victim departed facility custody. Moreover, the facility has demonstrated through its investigatory efforts, that its investigations also include a focus on staff actions that may enable prohibited conduct.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="248 168 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 284"><b>Auditor Discussion</b></p> <p data-bbox="248 329 1437 573">The PREA Manual and the Basic Investigator Training Manual, which were reviewed by the auditor in determining compliance with provision (a), specify that the agency's standard of proof is to be the preponderance of the evidence. Through a review of investigations, there appears to be a bias towards an unfounded disposition in allegations involving staff. The auditor observed instances where the allegation should fall into an unsubstantiated categorization.</p> <p data-bbox="248 629 1469 873">In investigation 16668, the result was determined to be unfounded despite both a witness and victim confirming sexually harassing statements being made by a staff member. While the specifics of what the victims and witness purported to have been said by the staff member varied; there did not appear to be sufficient cause to declare the allegation as unfounded, as there is no definitive proof to confirm that nothing sexually harassing was said by the officer in question.</p> <p data-bbox="248 929 1461 1173">In investigation 15906, the allegation was unfounded as a result of the alleged victim's failure to respond to a questionnaire that was sent to him after parole. The alleged victim had originally submitted his complaint via grievance; therefore, a written record of the victim's statement already existed. Given the verbal nature of the allegation, a denial by the alleged perpetrator appears to be insufficient grounds to outright unfound the allegation without additional evidence to disprove the act.</p> <p data-bbox="248 1229 1477 1429">In investigation 18126, the allegation was unfounded as a result of the alleged victim's failure to send in a statement after paroling from the facility. Again, the victim has originally submitted his complaint via written correspondence; therefore, a written record of the victim's statement already existed. This investigative packet lacks any documentation of follow-through interview or statement being taken from the alleged abuser before reaching an unfounded disposition.</p> <p data-bbox="248 1485 1466 1729">The review of the aforementioned investigations demonstrates that the facility is not in substantial compliance when determining its investigatory findings of unfounded. While the semantics of the standard's language focus on the level of proof required to substantiate an allegation, the auditor notes this standard as the most applicable to express concern that standards of proof for the three possible investigatory outcomes as specified within the PREA Standards are not consistently applied with alleged staff perpetrators.</p> <p data-bbox="248 1785 588 1821"><b>Corrective Actions Taken:</b></p> <p data-bbox="248 1877 1449 2076">The facility issued a training memorandum to all facility investigators on 02/08/2017 to reinforce the standards necessary to reach investigative dispositions of substantiated, unsubstantiated and unfounded. Email proof of dissemination was provided to the auditor to ensure investigators are aware of the requirements to reach a proper conclusion to their PREA investigations.</p> <p data-bbox="248 2132 1477 2168">The auditor reviewed investigations #19686, 19773, 20178 and 20466, which were completed</p>

during the corrective action period. As noted under 115.71, the facility took great strides to improve the quality of its investigations. Investigatory conclusions arrived at logical conclusions that were rationalized by the evidence gathered through subject and witness interviews. During the investigatory review, the facility demonstrated that equal weight was given to both staff and inmate testimony.

Based upon a review of investigatory documentation and training provided to facility investigators, the auditor is now satisfied that the DRC is rationalizing its investigatory conclusions in accordance with the standard.

115.73	<b>Reporting to inmates</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1469 573">Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Both the Warden and facility investigators confirm that inmate victims are notified of the investigatory results. The DRC provided documentation of inmate notification in all sampled investigations to demonstrate compliance with provision (a) of the standard.</p> <p data-bbox="252 629 1469 875">Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The auditor interviewed the PREA Coordinator at the facility and reviewed facility investigations to determine there were no investigations completed by an outside law enforcement entity during the review period. Adequate procedures are in place for compliance with provision (b) should an outside agency investigate an allegation at the DRC.</p> <p data-bbox="252 931 1469 1267">Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), indicate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Agency policy is found non-compliant with provision (c) of this standard. Specifically, the PREA Manual specifies that notification of the factors enumerated in provision (c) of the standard are only provided for Substantiated/Sufficient Evidence allegations that a staff member sexually abused a prisoner. The facility's sampled investigations involving staff were predominately classified as No Evidence/Unfounded to negate the need for such notification.</p> <p data-bbox="252 1323 1469 1570">In a review of investigation #16729, there was a Stop Order issued against the staff member to prevent that person's entry into the facility while the investigation was ongoing. There is no record of notification within the file to verify that this notification was made to the alleged victim while the investigation was ongoing in compliance with provision (c); however, it is noted that the conclusion of the investigation was No Evidence/Unfounded and the alleged victim was transferred to another facility.</p> <p data-bbox="252 1626 1469 1917">The PREA Manual, which was reviewed by the auditor in determining compliance with provision (d), indicates that both the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions. A review of facility investigations reveals that no outcomes included indictment or conviction on a charge of sexual abuse. Through a review of policy and examples of notification of investigatory outcomes, the auditor is satisfied that the facility has adequate procedures in place to make such notifications to determine compliance with provision (d).</p> <p data-bbox="252 1973 1469 2152">The auditor notes that facility reported statistics on the PAQ are inaccurate. The facility provided notifications in excess of two sexual abuse investigations pursuant to this standard. The facility exceeds provision (e) of the standard by also providing documented notification of sexual harassment investigatory results. The DRC provided documentation of inmate notification in all sampled investigations to demonstrate compliance with provision (e) of the</p>

standard.

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

Corrective Action Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section VV specifically addresses the need to notify prisoners of the factors enumerated under provision (c) of the standard for all allegations unless the investigation determines the claim was unfounded. This revision of agency policy satisfies compliance with this standard.

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policies 02.03.100, 02.03.100A, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by the auditor in determining compliance with provision (a) of the standard. The agency clearly establishes through existing policies that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies, in compliance with provision (a) of the standard.</p> <p>The staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with provision (b) of the standard. There have been no substantiated instances of sexual abuse within the audit period to confirm agency practice. Based on policy provisions, the facility demonstrates it is in compliance with provision (b) of the standard.</p> <p>The PREA Manual and staff sanctioning matrix provided to and reviewed by the auditor in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary actions consistent with provision (c). According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations. There were no official acts of discipline issued by the facility during the course of the audit period for violations of sexual abuse and sexual harassment policies to confirm agency practice with respect to provision (c) of the standard. Based on policy provisions, the auditor determines compliance with provision (c).</p> <p>Through the auditor's review of the PREA Manual, policy provisions exist to ensure that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, consistent with provision (d) of the standard. A review of the facility's investigations revealed no substantiated allegations of sexual abuse or sexual harassment against a staff member. There were no terminations or resignations in lieu of termination to demonstrate facility practice with respect to provision (d) standard. Based on policy provisions, the auditor determines compliance with provision (d).</p>

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Under agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of the standard, both contractors and volunteers are held to the same standards as employees directly hired by the agency when it comes to disciplinary action for engaging in sexual abuse and sexual harassment. Therefore, any contractor or volunteer engaging in these behaviors would presumptively be terminated or barred from the facility. The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies. Finally, the PREA Manual requires reporting of such conduct to law enforcement and relevant licensing bodies consistent with provision (a) of the standard. Based upon policy provisions , the auditor determines compliance with provision (a).</p> <p>The PREA Manual contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of Department sexual abuse and sexual harassment policies, consistent with provision (b) of the standard. An interview with the Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from the facility. There were no substantiated allegations of sexual abuse upon which to gauge facility practice; however, the facility did provide an example of its use of a STOP ORDER to bar a contractor from entering the DRC while a sexual abuse investigation was ongoing. Based upon policy provisions, the demonstrated use of a STOP ORDER for a contractor while a sexual abuse investigation was underway and the Warden's interview, the auditor determines compliance with provision (b).</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1453 618">The auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with provision (a). These documents pair to confirm that inmates are only subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that sexual abuse occurred. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. Based upon policy requirements prior to the imposition of discipline, the auditor determines compliance with provision (a).</p> <p data-bbox="252 669 1477 1043">The auditor reviewed agency policy 03.03.105A and 03.03.105D, which were determined to establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment consistent with provision (b) of the standard. An interview with the Warden confirms that the facility would also remove the abusing inmate from programming at the DRC and return them to a facility of a higher custody level, which would be consistent with the mission of the DRC serving as a reentry facility. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. Based upon the established sanctioning matrix relative to the imposition of discipline, the auditor determines compliance with provision (b).</p> <p data-bbox="252 1099 1477 1429">The auditor reviewed agency policy 03.03.105, and the PREA Manual which establishes procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed, consistent with provision (c) of the standard. An interview with the Warden confirms that facility hearing examiners consider the mental status of an inmate when determining sanctions. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. Based upon an interview with the Warden and the agency's policies for the consideration of mental health status prior to the imposition of discipline, the auditor determines compliance with provision (c).</p> <p data-bbox="252 1485 1477 2029">The auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse consider placing offending inmates into such programs. During an interview with facility mental health staff who would deliver any applicable sex offender treatment, the facility reports no direct experience placing inmates into programming for sexual offenders following a substantiated act of sexual abuse between inmates consistent with provision (d) of the standard. Facility mental health staff described an evaluation procedure that would be employed if an inmate were found to have engaged in sexual abuse. The evaluation procedures would consist of the administration of the MDOC's assessment tools (Static 99 and Stable) to determine any relevant treatment need. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. Based upon an interview with facility mental health staff and policy requirements, the auditor determines compliance with provision (d) of the standard.</p> <p data-bbox="252 2085 1477 2157">Although agency policy 03.03.140, which was reviewed by the auditor, dictates that allegations of inmate sexual assaults against staff shall be reported to MSP for investigation, a review of</p>

investigation #16729 reveals that the alleged victim in this instance was issued a misconduct and placed into temporary segregation following his allegation. He was issued a misconduct for Sexual Misconduct (prisoner/other contact) on 02/22/2016 after reporting a sexual relationship with a staff member. The rationale for the misconduct included that the inmate engaged in touching of the staff member's breasts, buttocks and received fellatio. There was no administrative finding to indicate that the staff member did not consent to the act to support this misconduct being issued at the time it was issued. Ultimately, when the misconduct went before a hearing examiner on 02/26/2016 at another facility to which the inmate had been transferred, the matter was dismissed consistent with provision (e) of this standard. While the facility made an error when they initially issued the misconduct to the alleged victim in this case, the matter was ultimately corrected when the misconduct went before a hearing officer and no discipline was issued, allowing the auditor to determine compliance with provision (e) of the standard.

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

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. Based upon interviews and policy directives, the auditor determines compliance with provision (g).

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. Through a review of policy and an interview with the agency PREA Administrator, the agency screening procedures relative to 115.41 indicate that a 72-hour, full intake screening instrument is completed at reception centers only. If sexual victimization is reported during that intake screening, medical and mental health services are offered at the reception facility. Given that the 72 hour, full intake screening instrument is not replicated upon transfer and placement at subsequent MDOC facilities, such as the DRC, it stands to reason that no records would exist to measure compliance with this standard at the DRC for the predominate number of inmates transferred into the DRC. Although it is reported by the PREA Administrator that each inmate is provided medical and mental health examinations at the reception center to fulfill the obligations of this provision by default, theoretically, it is possible that an inmate could experience victimization at reception centers which may not be captured by the facility to which they are transferred. Moreover, inmates committed directly to the DRC qualifying for services under this provision are not accounted for through any form of secondary logs.</p> <p>The facility was found to not meet compliance with standard 115.41 based partly on its lack of a 72-hour intake assessment process for inter-facility transfers, its lack of timely completion of 72-hour screening assessments for inmates directly received at the facility and its lack of timely completion of 30-day screening assessments. During the onsite portion of the audit, the facility PREA Coordinator stated in an interview that the facility does not keep secondary logs to document medical and mental health referrals pursuant to this standard. The facility's response of "unknown" to the PAQ confirms that it does not know the number of inmates within their population that have disclosed victimization during intake screening. Until intake screening procedures are established for inter-facility transfers within the agency; the agency and this facility cannot accurately document or report compliance with provision (a) of the standard.</p> <p>Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor to determine compliance with provision (b) of the standard, combine to form the agency's approach to providing the required medical and mental health services for perpetrators of sexual abuse. The agency screening procedures relative to 115.41 indicate that a 72-hour, full intake screening instrument is completed at reception centers only. If sexual perpetration is reported during that intake screening, medical and mental health services are offered at the reception facility. Given that the 72 hour, full intake screening instrument is not replicated upon transfer and placement at subsequent MDOC facilities, such as the DRC, it stands to reason that no records would exist to measure compliance with this standard at the DRC for the predominate number of inmates transferred into the DRC. Although each inmate is provided medical and mental health examinations at the reception center to fulfill the obligations of this provision by default, theoretically, it is possible that an inmate could perpetrate sexual abuse at reception centers which may not be captured by the facility to which they are transferred.</p>

The facility was found to not meet compliance with standard 115.41 based partly on its lack of a 72-hour intake assessment process for inter-facility transfers, its lack of timely completion of 72-hour screening assessments for inmates directly received at the facility and its lack of timely completion of 30-day screening assessments. During the onsite portion of the audit, the facility PREA Coordinator stated in an interview that the facility does not keep secondary logs to document medical and mental health referrals pursuant to this standard. The facility's response of "unknown" to the PAQ confirms that it does not know the number of inmates within their population that have disclosed victimization during intake screening. Until intake screening procedures are established for inter-facility transfers within the agency; the agency and this facility cannot accurately document or report compliance with provision (b) of the standard.

The DRC operates under the definition of a prison; therefore, compliance for provision (c) is measured under provision (a).

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, as well as interviews with random staff, confirm that information pertaining to sexual victimization occurring in an institutional setting is treated confidentially. All staff who were either formally or informally interviewed during the audit tour were aware that information pertaining to sexual abuse is only shared with those who are required to know to inform security and management decisions in compliance with provision (d) of the standard.

The auditor reviewed agency policy 03.03.140 and the PREA Manual when determining compliance with provision (e) of the standard. These policies require any victimization that did not occur in an institutional setting to be accompanied by an informed consent prior to disclosure. Interviews with facility medical and mental health providers affirmed that the provider must obtain consent prior to disclosure of this information, allowing this auditor to determine compliance with provision (e) of the standard.

#### Corrective Action Taken:

On 03/31/2017, the facility provided the auditor with secondary documentation to confirm that referrals were made for follow-up mental health/medical care of individuals who disclosed victimization during the intake risk screening process required by standard 115.41. A total of five individuals reported victimization and referrals were made and completed in four of the cases. The fifth inmate who disclosed victimization left the facility for court purposes and has not yet returned to have his referral visit completed. On 04/05/2017, the facility sent secondary materials in the form of mental health contact notes for the four noted individuals that verify the mental health contact took place as required.

During the initial established 90-day Corrective Action Period established for this standard, the Detroit Reentry Center has demonstrated its commitment to provide intake risk screening as required by standard 115.41 and provide applicable medical or mental health service referrals for those inmates who have disclosed victimization or perpetration required by standard 115.81. Based on evidence of that intake risk screening procedures have been established as required under standard 115.41, the facility's secondary logs that document individuals who

disclosed victimization during said screenings, evidence of appropriate referrals to mental health care providers and secondary documentation that the referrals were acted upon; this auditor determines the facility has developed adequate procedures to ensure compliance with provision (a) of the standard. While the facility has not had a disclosure of perpetration under provision (b) of the standard, sufficient evidence of operational practice demonstrate the facility is equipped to address such a report. Therefore, the auditor now determines compliance with provisions (a) and (b) of the standard.

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. The standard of care is required to be consistent with community standards and is determined by the judgement of the practitioner. Interviews with mental health staff confirm that a response occurs within 24 hours of an allegation of sexual abuse and that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner.</p> <p>A review of a facility investigation #16729 indicates that facility practice is not consistent with agency policy. Specifically, it is documented on the CAJ-1024 form that the victim was not referred to medical or mental health care due to the inmate reporting the alleged sexual acts with a staff member were consensual. A review of a second investigation #17605 indicates that the alleged victim claimed an officer grabbed and held the alleged victim's penis and testicals. The CAJ-1024 form documents that, despite alleged physical contact with the genitals, the alleged victim was not referred to medical staff because a medical referral was "not needed." A referral to mental health care was documented in this investigation. Similarly, in a third investigation #18064, despite an allegation that an inmate's groin was massaged by an officer that was searching him, the CAJ-1024 form is blank with respect to any medical or mental health referrals resulting from the allegation.</p> <p>Through these investigations, the DRC demonstrates that it does not consistently provide medical and mental health care to alleged victims of sexual abuse that is either consistent with the nature of their allegations or provision (a) of the standard.</p> <p>The PREA Manual, which was reviewed by the auditor, contains language that mirrors the standard's language to demonstrate compliance with this provision (b) of the standard. Random staff interviews and informal interviews during the audit tour confirm that security staff are aware of their need to contact medical providers upon learning of a sexual abuse allegation, allowing the auditor to determine compliance with provision (b) of the standard.</p> <p>As noted under provision (a) of the standard, a review of a facility investigation #16729 indicates that facility practice is not consistent with agency policy. Specifically, it is documented on the CAJ-1024 form that the victim was not referred to medical or mental health care due to the inmate reporting the alleged sexual acts with a staff member were consensual. This failure to make a medical referral based on the assumption of consensual sexual contact with a staff member does not permit the facility to offer timely information and prophylaxis regarding sexually transmitted infections. Although this case is a single incident, the low number of sexual abuse allegations and investigations at the DRC makes this case a representative sample of the DRC's practice for provision (c).</p> <p>The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the</p>

PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. Based on policy provisions, the auditor determines compliance with provision (d) of the standard.

**Corrective Action Taken:**

On 03/27/2017, the facility sent the auditor three completed investigation. Investigation #20178 contained an allegation of sexual abuse that was reported upon the victim's transfer to another facility. The facility receiving the allegation properly referred the victim for medical and mental health care using established agency procedures. Documentation was provided to verify the nexus between the sexual abuse allegation and the resulting evaluations; however, the auditor notes this example does not verify facility response procedures.

On 03/31/2017, the facility sent the auditor a copy of a ROBERTAR mental health referral, dated 03/27/2017, for an inmate who experienced sexual abuse at the facility without penetration. On 04/03/2017, the facility provided the auditor a copy of the mental health contact note to prove the referral was acted upon.

During a review of supporting documentation for another standard, the auditor noted that an allegation in investigation #19773 had initially been misclassified as sexual harassment. When this matter was brought to the facility's attention on 04/05/2017, the facility provided supporting documentation that the individual had been referred for a mental health evaluation and a contact note that verified the inmate was evaluated by a mental health practitioner, consistent with this standard. The facility also provided evidence of another mental health referral for a ROBERTAR sexual abuse allegation, without penetration, made on 02/24/2017. The contact response note, dated 02/27/2017, verifies the facility acted upon said referral.

Based upon supporting documentation verifying consistent access to emergency medical and mental health care for all known sexual abuse allegations, that is proportionate to the allegation and provided at a level of care consistent with community standards, this auditor is satisfied that the facility has developed sufficient procedures to demonstrate its substantial compliance with provisions (a) and (c) of the standard.

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>The auditor reviewed agency policies 03.04.140, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's approach to providing required medical and mental health services for victims of sexual abuse.</p> <p>As cited under standard 115.81, the facility does not conduct routine intake assessment procedures, consistent with 115.41. The facility's responses to the PAQ under standard 115.81 confirms that it does not know the number of inmates within their population that have disclosed victimization during intake screening. Therefore, the facility does not have adequate procedures in place to be aware of all inmates qualifying for services under provision (a) of the standard.</p> <p>As cited under standard 115.82, a review of a facility investigation #16729 indicates that facility practice is not consistent with agency policy. Specifically, it is documented on the CAJ-1024 form that the victim was not referred to medical or mental health care due to the inmate reporting the alleged sexual acts were consensual. A review of a second investigation #17605 indicates that the alleged victim claimed an officer grabbed and held the alleged victim's penis and testicals. The CAJ-1024 form documents that, despite alleged physical contact with the genitals, the alleged victim was not referred to medical staff because a medical referral was "not needed." A referral to mental health care was documented in this investigation. Similarly, in a third investigation #18064, despite an allegation that an inmate's groin was massaged by an officer that was searching him, the CAJ-1024 form is blank with respect to any medical or mental health referrals resulting from the allegation.</p> <p>Based on the cited examples, the auditor does not find that the DRC's procedures and practice adequately afford it the opportunity to identify all inmates who would require services consistent with provision (a) and does not adequately respond to all allegations in a manner that affords for compliance with provision (a).</p> <p>The auditor reviewed agency policies 03.04.100, 04.06.180 and the PREA Manual, which combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with a facility medical provider confirmed that a physician would examine an alleged victim and make appropriate decisions to treat injuries, infections, STIs, etc. An interview with facility mental health staff confirmed that an assessment of adjustment would be conducted and ongoing support would be provided to normalize the emotions the victim may be going through.</p> <p>It is noted that the medical and mental health care providers articulate what is required by provision (b) of the standard and the facility is found to be compliant based upon the actions employed when such cases have been referred to medical and mental health staff's attention; however, as previously expressed under provision (a), the facility's referral process to ensure these initial evaluations are conducted is of concern.</p> <p>The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the</p>	

PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care. The standard of care is required to be consistent with community standards and is determined by the judgment of the practitioner.

Interviews with mental health staff confirm that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner. Medical and mental health staff confirmed that they are licensed professionals in their respective disciplines and their licensure requires that they deliver care that is consistent with care afforded in the community, allowing the auditor to determine compliance with provision (c) of the standard.

The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. A review of investigations during the audit period reveal no applicable cases to provision (d) of this standard. Based on policy provisions, the facility is determined to be compliant with provision (d) of the standard.

The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. A review of investigations during the audit period reveal no applicable cases to provision (e) of this standard. Based on policy provisions, the facility is determined to be compliant with provision (e) of the standard.

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate with respect to provision (f) of this standard. A review of a facility investigation #16729 indicates that facility practice could lead to inconsistencies with agency policy. Specifically, it is documented on the CAJ-1024 form that the victim was not referred to medical or mental health care due to the inmate reporting the alleged sexual acts, which included fellatio, were consensual. While the ensuing investigation did not establish the alleged acts of victimization occurred in this case, the lack of a medical referral in such cases where acts were reportedly consented to by the inmate would allow for a STI to go undetected. Additionally, as cited under provision (a) of the standard, the facility does not have adequate procedures in place to identify all inmates who would qualify for STI testing consistent with provision (f) of the standard.

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which specify that treatment is provided to victims of sexual abuse, free of charge, regardless of their cooperation with any ensuing investigation. Based on policy provisions, the auditor determines compliance with provision (g) of the standard.

The PREA Manual, which was reviewed by the auditor, states that within 60 days of learning of prisoner on prisoner abuser, the facility mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. Mental health staff reported during an interview that evaluative procedures are in place to address known inmate-on-inmate abusers for applicable treatment modalities. There have been no instances

at the DRC where an inmate was found or known to have engaged in sexual abuse of another inmate. Based on policy provisions, the auditor determines compliance with provision (h) of the standard.

**Corrective Action Taken:**

The Detroit Reentry Center provided this auditor with sufficient evidence that it has established intake screening procedures as required by standard 115.41 to effectively identify those individuals potentially in need of medical or mental health evaluations as required by 115.81. Random sampling of the facility's secondary risk screening log verifies that the information contained within the log accurately recorded the dates of a full intake risk screening assessment. Through the intake risk screening process, the facility has identified five individuals who required mental health evaluations for past instances of victimization. Four of those individuals were evaluated consistent with the requirements of 115.81. The fifth individual departed from the facility's custody for court purposes prior to evaluation. Moreover, the DRC has also provided sufficient evidence to prove that it refers all known victims of sexual abuse to medical and mental health practitioners commensurate with the nature of the allegation, as required by 115.82. Therefore, the facility has now sufficiently demonstrated that it has established the practices necessary to identify those inmates in need of ongoing care as required by provisions (a) and (f) of the standard.

In support of this standard, the facility provided this auditor with a copy of a mental health evaluation dated 04/06/2017, where the alleged victim of sexual abuse requested and was scheduled for follow-up counseling on a weekly basis. The facility subsequently sent mental health case contact records from contacts on 04/17/2017 and 04/24/2017 to verify the individual was seen for two additional follow-up appointments where applicable treatment goals were accomplished.

Based upon supporting documentation verifying access to ongoing medical and mental health care for known sexual abuse victims that is proportionate to the type of reported victimization, with care that is consistent with community standards, this auditor is satisfied that the facility has developed sufficient procedures to demonstrate its capability of substantial compliance with provisions (a) and (f) of the standard.

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed the PREA Manual, which establishes the requirement that form CAJ-1025 be completed to document the Sexual Abuse Incident Review for allegations of sexual abuse that are substantiated or unsubstantiated. In a review of investigations that the DRC determined to be unsubstantiated, a sexual abuse incident review was completed to demonstrate compliance with provision (a) of the standard.</p> <p>Through the auditor's review of relevant investigations, the predominate disposition for sexual abuse investigations was unfounded; therefore, a sexual abuse incident review would not be required under this standard. The auditor did observe a sample incident review following an unsubstantiated disposition, which was determined to have taken place within 30 days of the investigation's conclusion to find compliance with provision (b) of the standard.</p> <p>In a sampled incident review, the auditor notes that the facility did involve upper-level managers, investigators and line supervisors. A mental health manager was part of the review team. Interviews with the Warden and facility PREA Coordinator confirm that upper level managers are part of the review team and input is considered from multiple angles, to include medical and mental health practitioners. Based on interviews and incident review documentation, the auditor finds compliance with provision (c) of the standard.</p> <p>Agency form CAJ-1025, which was reviewed by the auditor, mirrors the standard language to confirm that the facility must consider the six factors required by provision (d) of the standard in order to complete the agency review form. As a result of a sampled review, the facility made the determination that cameras in the "mall" of the facility needed to be fixed for additional supervision and that corrective actions were referred to the maintenance supervisor. Interviews with the Warden and facility PREA Coordinator confirms that the DRC's review team considers the six factors enumerated under provision (d) of the standard in its review process. Based on interviews and the sampled review, the auditor determines compliance with provision (d) of the standard.</p> <p>As noted under provision (d) of the standard, the DRC made the determination that cameras in the "mall" of the facility needed to be fixed for additional supervision following the incident review. During the onsite portion of the audit, the auditor observed that cameras in the recreation area were functional. Given the functionality of these cameras, the auditor is satisfied that the facility acted upon the recommended corrective action to demonstrate compliance with provision (e) of the standard.</p>

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Detroit Reentry Center was very accommodating during the audit and provided unfettered access to all matters requested. The facility provided the auditor full access to all areas of the facility to demonstrate compliance with provision (h) of the standard. The auditor was provided copies of all documents requested. Information that was absent from the PAQ was requested and provided by the facility in satisfaction of provision (i) of the standard. The auditor was able to conduct inmate interviews in a private setting in accordance with provision (m) of the standard. The auditors were provided private offices where interviews occurred. During the audit tour, the auditor observed that the notice of audit was prominently displayed throughout all housing units and common areas of the facility. This auditor received correspondence from an inmate at the facility prior to the audit and following the audit to demonstrate compliance with provision (n) of the standard. During the corrective action period, the facility continued to provide access to all requested documentation.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Audited at Agency Level
	<b>Auditor Discussion</b>

## Appendix: Provision Findings

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

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

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

115.12 (b)	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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 OR the response to 115.12(a)-1 is "NO".)	na

115.13 (a)	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video	yes

	monitoring, to protect inmates against sexual abuse?	
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ?	yes

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

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

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.)	yes

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates?	yes

115.15 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes

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

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

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

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

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

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

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

115.17 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with 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

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

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

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

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

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

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

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

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

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

115.21 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	na

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

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

115.22 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication 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)	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.35 (a)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?	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?	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?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

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

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	yes

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

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

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

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

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when 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, when 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, when 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 a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: 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

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

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

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

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

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

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

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

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

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

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	yes

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

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

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

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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	yes

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

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

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

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

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

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

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

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

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

115.53 (a)	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

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

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

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

<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	no

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

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

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

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

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

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

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

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

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

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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

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

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

<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	no

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.73 (c)	Reporting to inmates	
	Following a 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 posted within the inmate's unit?	yes
	Following a 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 a 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 a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

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

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

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

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

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

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

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

115.401 (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

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

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