

PREA Facility Audit Report: Final

Name of Facility: Gus Harrison Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 02/08/2018

Date Final Report Submitted: 07/02/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: David G. Radziewicz	Date of Signature: 07/02/2018

AUDITOR INFORMATION	
Auditor name:	Radziewicz, David
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Email:	daveradziewicz@yahoo.com
Telephone number:	
Start Date of On-Site Audit:	10/18/2017
End Date of On-Site Audit:	10/19/2017

FACILITY INFORMATION	
Facility name:	Gus Harrison Correctional Facility
Facility physical address:	2727 E. Beecher Street, Adrian, Michigan - 49221
Facility Phone	5172653900
Facility mailing address:	
The facility is:	<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
Facility Type:	<input checked="" type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
Name:	Tera Rothman	Title:	General Office Assistant
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Warden/Superintendent			
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Facility PREA Compliance Manager			
Name:	Jeffrey Tanner	Email Address:	tannerj1@michigan.gov

Facility Health Service Administrator			
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Facility Characteristics		
Designed facility capacity:	2	
Current population of facility:	2	
Age Range	Adults: 18 and over	Youthful Residents:
Facility security level/inmate custody levels:	I, II, IV	
Number of staff currently employed at the facility who may have contact with inmates:	508	

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

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

AUDIT FINDINGS

Narrative:

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

A Prison Rape Elimination Act audit of the Gus Harrison Correctional Facility was conducted from October 18, 2017 to October 19, 2017, 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 Radzewicz, was assisted during this audit by DOJ Certified Auditor Steven Noll and PA DOC PREA Compliance Manager at the State Correctional Institution at Muncy, Nicole McKee.

The audit team wishes to extend its appreciation to Warden Campbell 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 during the site visit. The auditor would also like to recognize former PREA Administrator Todd Butler, PREA Analyst Wendy Hart, PREA Coordinator Donald Ricumstrict, Assistant Tera Rothman and current PREA Manager, Charles Carlson, for their hard work and dedication to ensure the facility is compliant with all PREA standards.

Prior to the audit, this auditor was provided a flash drive that contained pre-audit documentation. This flash drive contained applicable policies and sample documentation in support of compliance with the standards and their provisions. This auditor notes that the pre-audit samples and pre-audit questionnaire were not as robust as those provided by other MDOC facilities audited by this auditor, thus, the auditors required a more thorough on-site examination of materials and additional requests for materials following the onsite portion of the audit.

Auditors arrived onsite at approximately 0800 hours on October 18, 2017. An entrance meeting was held with key administrative staff beginning shortly after 0800 hours. Auditors were greeted by the facility's administrative team and the agency's PREA staff. Introductions were made and logistics for the audit were planned during this meeting. Following introductions and logistics discussions, the audit team selected random samples of staff and inmates for interview, as well as lists of specialized inmates for interview and lists were provided to the facility. Auditor Noll immediately began conducting interviews with staff and inmates following their selection.

After interview selections were made, this auditor went to the facility's control station and was given a demonstration of the facility's impressive video surveillance capabilities. The technology employed by the facility allowed it to digitally screen out any areas from view that could create an opportunity for cross-gender viewing or opportunities for voyeurism.

A tour of the facility commenced immediately after random samples were selected with auditor David

Radziewicz and Ms. McKee touring the facility together, while auditor Steven Noll began conducting inmate and staff interviews. Random interviews followed the format laid out by the PREA Resource Center's interview templates for random staff, random inmates, specialized staff and specialized inmates.

After the entrance meeting the auditors were given a tour of all areas of the facility, including; all five general population housing units with multiple occupancy cells, eight open bay housing units and temporary segregation unit. It is noted that in the secure level 1 and level 2 housing units, inmates had significantly greater freedom of movement, keys to their cell doors and shared toileting facilities. In the level 4 housing units, access to the cells was controlled via the officers, toileting facilities were in the cells, and movement was much more restricted. In the temporary segregation units, inmates were under constant staff control. Similar to the level 4 units, toileting facilities were within the cell. This auditor also toured the vacant unsecured level 1 housing unit, which is located outside the secure perimeter of the facility and similar in function to the level 1 and level 2 housing units within the perimeter. The tour also included Education/Programming Building, Administrative Buildings, the Chapel, Michigan State Industries where license plates are manufactured, control rooms, visitation areas, intake, medical (including exam rooms) recreation, kitchen/dining hall and the outside warehouse/maintenance area.

The facility is divided into what is colloquially referred to as the North side and the South side. The North side housing units are constructed of brick and mortar and are divided into the shape of a "Y", with an officer station, day rooms and office space at the singular, bottom portion of the "Y" and housing within both branches of the "Y". As described under standard 115.15, the housing unit tiers resemble the construction of a split-level home, where the upper and lower tiers are access either from an ascending or descending staircase from the entry level bottom portion of the "Y" where the officer's station is located. This design allows for officer staff to view tier activity on all four tiers of the unit from a central location. The South side of the facility consists of its secured level 1 population which is housed in open bay "pole-barn" style housing. The permanent housing structures on the North side of the facility can each hold upwards of approximately 240 inmates, although there are some variances in some of units, where capacity may be reduced to accommodate handicapped inmates or specialized security needs. Housing units on the South side of the facility typically hold up to 160 inmates. The temporary segregation unit 22 inmates.

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 interviews in determining compliance with the standards. During the tour, the auditor also informally interviewed the facility Inspector, Resident Unit Manager, Warden, PREA Analyst and housing unit management staff 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. Additionally, during the audit tour, the auditor sampled 2 random inmate files on toured housing units to verify inmate PREA education. While on the housing unit, staff who fulfilled the role of Prison Counselor, ARUS (Assistant Residential Unit Supervisor) or RUM (Residential Unit Manager) were asked to access the MDOC's (Michigan Department of Corrections) computer database to show movement dates of the inmates that were then compared against educational records as a means of verifying the practice demonstrated in pre-audit documentation. It is noted that the auditor completed three previous audits as the lead auditor and assisted on four others and was aware of an agency deficiency with risk screening procedures that were corrected through a policy change, effective approximately 5-1/2 months prior to the audit. Despite the policy change, the supporting documentation indicated that the facility only consistently implemented procedures to begin tracking compliant intake risk screening procedures

approximately two months prior to the audit.

Prior to the tour, the auditor observed the facility's camera monitoring system within the facility control center to verify that cameras were positioned in such a way to adequately cover the housing units, yet afford privacy in bathroom/shower areas of the facility. The facility was found to have a modern and robust camera system that provided great coverage of all common areas of the facility and with the ability to digitally obscure the view of the toileting areas of observation cells to prevent opposite gender viewing. The auditor notes, however, in the Temporary Segregation unit, an older analog camera system was still being used. There were two strip search cages/holding cells that contained overhead cameras that fed into the control post for temporary segregation, which could be staffed with a female officer. The facility was required to modify this procedure to adequately protect against cross-gender viewing. The specific corrective actions taken by the facility are described in further detail under standard 115.15.

A privacy notice was posted in each of the housing units, 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 "Knock and Announce" postings 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. Following the knock and announce, opposite gender staff waited at least 10 seconds prior to entering the housing unit.

While on a tour of the North side housing units, this auditor noticed a consistent design flaw regarding the shower facilities in the housing units. Specifically, the housing unit is designed similar to the entryway of a split-level home, with the officer's station, staff offices and recreation areas on level with the entry way. Living quarters are accessed either by ascending or descending stairs. Shower facilities are located either at the top of the ascending or at the bottom of the descending stairs. From both perspectives, when one either ascends or descends to the stair landing area, the existing privacy doors that were intended to block viewing of genitalia while showering were of insufficient height to provide adequate safeguards from cross-gender viewing. After the auditor made facility staff aware of this issue, steps were taken to extend the height of the shower privacy doors. The auditor also notes that this was a common issue raised by those inmates interviewed from the North side of the facility, with 7 inmates identifying this as a problematic issue. By the morning of the second day of the onsite audit, this auditor was able to re-tour the area and confirm that the facility bolted an approximately 18-inch extension on to each of the shower doors for each of these units. The auditor ascended and descended each set of stairs and was satisfied that the extensions then provided sufficient privacy for inmates in the showers. While assessing compliance, several inmates approached the auditor and stated their happiness with the additional privacy these extensions afforded.

During a tour of the education area, it was noted that the facility's PREA "An End to Silence" handbook was readily accessible. The audit tour concluded at just before 1800 hours on day one with all areas of the facility observed.

On the first day of the audit, the audit team was given a copy of the institution's inmate rosters and shift rosters in order to select inmates and staff for interviews. At least two inmates were randomly selected from each housing unit for formal interview, to supplement the informal interviews conducted during the tour. Additionally, the auditor notes that the facility has two housing units specifically dedicated to housing mental health inmates who were utilized to fulfill specialized interviews. The total sample size for formally

interviewed inmates was 41 inmates. There were additional inmates selected, who refused to participate in the interview process. A minimum of one officer from each housing area was randomly selected, covering all three shifts, with a total sample size of 14 staff interviews. As previously mentioned, while the tour was in progress on day one, auditor Steven Noll began conducting random interviews in a private room within the facility's administrative complex.

Auditors arrived onsite at approximately 0500 hours on October 19, 2017 and were greeted by key facility administrative staff in preparation for the second day of the audit. Audit logistics were discussed and the audit team commenced with interviews of third shift staff as they were leaving their shifts and first shift staff as they were reporting for duty. Following the interviews with first and third shift staff, the audit team focused its efforts on completing specialized inmate and staff interviews. Interviews followed the format laid out by the PREA Resource Center's interview templates for each specialized category of staff and inmate interviews. The audit team also interviewed the four inmates who wrote correspondence to auditor in advance of the audit.

The auditor was unable to complete the following specialized interviews for inmates and staff due to the matters not being applicable or no such individual was housed at the facility: Youthful Inmates, line staff who supervise youthful inmates, education and program staff who work with youthful inmates (youthful inmates are not housed at the facility), an inmate in segregation for risk of sexual victimization (none were housed at the facility for this purpose), Non- Medical Staff involved in cross gender searches (no such searches performed) and the agency contract administrator (the agency does not contract for the confinement of its inmates). To substitute for those specialized inmates required by the PREA Auditor Handbook, the audit team focused its efforts on the specialized mental health population housed at the facility, completing the disabled inmate protocol for nine (9) inmates. Two (2) interviews with LEP inmates were conducted, four (4) transgender inmates were interviewed, four (4) inmates who reported sexual abuse and (5) inmates who disclosed victimization during risk screening were interviewed. Due to this total of 24 specialized inmates, three were counted as random inmate interviews.

A total of 19 specialized facility based staff were interviewed 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 noted in the preceding paragraph. 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 agency head's designee and agency PREA Administrator were interviewed in person during a previous audit by this auditor and as part of the Agency audit. A interview was conducted by this auditor with a representative of Promedica/Bixby Hospital (who provides SAFE/SANE services to the facility).

During the middle of the second day, the auditor was afforded with the opportunity to review facility investigations. A total of 12 representative investigations were randomly selected by this auditor for further review and the facility provided copies of those investigations for the auditor to take and analyze further post audit. At the conclusion of specialized interviews, the auditors conducted an exit briefing with facility staff and departed the facility at approximately 1630 hours. This auditor explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the facility's assistant to PREA Coordinator or agency PREA Analyst.

At the conclusion of the onsite audit, the auditor was aware of a definitive need for corrective action to establish risk screening procedures required by 115.41 and the related standards of 115.42 and 115.81. The auditor also notified the facility of the need for corrective action under standard 115.15 and 115.33. Moreover, during the formulation of the interim report, the auditor also became aware for corrective action under 115.63 and 115.71.

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 concerns with the agency PREA Analyst and facility assistant to the PREA Coordinator, who filtered request to the appropriate staff. Through a coordinated effort by staff members within the PREA Analyst unit and key staff at the Gus Harrison Correctional Facility most informational requests of this auditor were accommodated prior to the completion of the Interim Report.

The interim report was issued to the facility on December 3, 2017. Within the interim report, the auditor notified the facility of the specific documentation required to resolve those standards and provisions identified for corrective action. The auditor coordinated documentation requests through the agency PREA Analyst, who filtered those request to the appropriate facility personnel. Documentation was provided intermittently throughout the course of the months of January through May, with the final items coming into corrective action during the course of the May. Although not reflected within the standards 115.87-89 in this report, which were covered by an agency audit, this auditor identified during the corrective action period that the agency had not posted its aggregate annual report to its website for the previous year (2016). The auditor notes this issue was addressed as part of corrective action for the Gus Harrison Correctional Facility and a subsequent audit conducted by this auditor within the agency.

The agency PREA Analyst for the facility provided this auditor with documentation, screenshots, tracking logs and photographic evidence to resolve the standards identified for corrective action, specifically 115.15, 115.17, 115.32, 115.41, 115.42, 115.63, 115.71, 115.81 and 115.87-89. For standards requiring demonstration of practice, i.e. risk screening procedures and referrals for mental health services following disclosure of victimization, the auditor selected random and targeted samples from the facility's risk screening database. The facility was then required to respond with screenshots of its electronic records to verify date and time stamped assessments and electronic health record narratives. All requests for documentation from the auditor were satisfied in a reasonable time period after requests were made.

AUDIT FINDINGS

Facility Characteristics:

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

The Gus Harrison Correctional Facility (ARF) is named after the department's first Director. It is a male multi-security prison on the eastern border of the city of Adrian. The facility has the only Michigan State Industries (MSI) License Plate factory in the state which produces approximately 3 million plates a year. In collaboration with MSI, the facility has an educational Optical Lab which supplies prescription eye glasses for all Michigan Department of Corrections facilities, along with some non-profit organizations. The Optical Lab also operates Project H.O.P.E. (Humanitarian Optical Prescription Endeavor) in conjunction with various non-profit organizations.

The facility is contained within a 91.35 acre area, consisting of a total of 14 prisoner housing units: one Unsecure Level I (currently vacant), eight Secure Level I, three Level II, and two Level IV. The Gus Harrison Correctional Facility has a Gun Range/Outdoor Obstacle Training Course which is located across the street from the facility sitting on 29.01 acres. The Gus Harrison Correctional Facility sits on a total of 120.36 total acres of state land.

The Level II, Level IV and Secure Level I perimeter is protected with two Gun Towers, two security fences with razor-ribbon wire on top and in between the fences, one buffer fence and electronic detection systems. Unsecure Level I is surrounded by one security fence, one razor-ribbon wire and an electronic detection system. Prisoners from of differing security levels do not interact with one another and are separated by scheduling and internal fencing which divides the compound.

Academic Education, Advanced Substance Abuse Treatment (ASAT), Batterer's Intervention, Employment Readiness/Pre Release, Michigan Sex Offender Program (MSOP), Sex Offender Program (SOP), Substance Abuse Outpatient (Phase II), Thinking for Change (T4C), Violence Prevention Program High (VPP High) and Violence Prevention Program Moderate (VPP Moderate). Many program resources are expanded through participation by community volunteers, such as local clergy and lay people, which gives prisoners increased opportunities to participate in programs.

Prisoners are provided with on-site routine medical and dental care. Serious problems are treated at the department's Duane L. Waters Hospital and Henry Ford Allegiance Hospital in Jackson or at McClaren Hospital in Lansing. Emergencies are referred to the local hospital.

All of the housing units of the same security level are of a similar structure. Within the level 1 housing units (located on the South side of the institution), the entry point leads to the officer's desk. From there, two linear rows extend straight and parallel to one another. Eight-man cubicles are located on each side of the isle. Office space, recreation rooms and restrooms are immediately in view of the officer's station. While the officers cannot see into the showering and toileting areas, they can maintain surveillance over who enters. Within the level 2 and level 4 housing units on the North side of the institution, the entry point leads to an officer control station. Behind the control station are several large group/recreation rooms. In front of the control areas, two linear tiers protrude away from the control center in the shape of a Y.

There is inmate housing on the upper and lower tiers of each branch of the Y. Restroom/shower areas are located within view of the officer's control station. Multipurpose rooms are located behind the officer's control area and have glass walls that permit viewing from the control center. While officers cannot see in the cells from the control area; they can see virtually all common areas from that vantage point to ensure safety.

The facility is designed to operate a maximum capacity of 2242 inmates. On day one of the audit, there were 2192 inmates present. The auditor observed that the inmate population to consist predominately of Caucasian and African- American inmates. Other ethnic groups were not widely observed throughout the tour. The facility also specializes in the housing of inmates with significant mental health needs. From the auditor's observations, the majority of the inmate population appeared to trend towards an age range of 30 or greater. The average length of stay for inmates is approximately 1 year 4 months.

There are a total of 508 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 Wardens and Warden. The layout of the housing units permits the officer to have view of the unit from their designated work stations, with supplemental rounds taking place throughout the unit with random roving movement.

Michigan State Industries operates within the facility and produces the license plates for the state, as well as optical devices.. This building is an open environment, lines of sight within the building are clear and there is adequate staff supervision throughout the area to ensure accountability of the inmate workers who are present. The warehouse area consists of multiple lines of shelving that are organized in a manner to maintain lines of sight..

The education and programming building consists of a single floor. The building is set up in a fashion that all classrooms and areas where staff may be with inmates are visible through a series of windows, eliminating a number of potential isolated areas or blind spots.

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.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	1
Number of standards met:	39
Number of standards not met:	0
Not audited at the facility level: Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.	5

This is a final report that was preceded by an interim report that was accompanied by corrective action plan recommendations made by the auditor. This report contains recommendations for the facility to develop compliance, as well as the specific actions the facility took to come into compliance with identified standards. To preserve the original findings, this auditor will identify those actions taken to come into compliance as POST INTERIM REPORT CORRECTIVE ACTION. Any information preceding such headings is information that was provided in the interim report. It is noted that some standards contain corrective action recommendations that are not accompanied by post interim report corrective action. For these standards, the auditor's concerns were addressed during the time period before the interim report was issued.

The auditor notes that the facility recently began to consistently implement agency policy pertaining to 72-hour intake screening procedures and began to track data necessary for audit compliance. As the agency gains experience in the PREA auditing process, it has made substantial efforts to enhance its policies and institute practices that are demonstrative of standards compliance. The audit of the Gus Harrison Correctional Facility represents the 18th audit within the agency. It is evident that most agency policies have been implemented and institutionalized; however, more recent changes, such as risk screening and enhanced investigatory procedures have not firmly rooted within the 5-1/2 months since policy changes took effect.

The auditor notes that the facility provided minimal supporting documentation during the pre-audit process, requiring a more in-depth onsite and post audit review of and request for materials. Most requests of the auditor were provided in time for this interim report; however, some items were outstanding and were thus listed as matters requiring corrective action. Upon receipt of requested documentation in support of some standard provisions, the facility can be deemed compliant. Other areas of non-compliance will require firm establishment of practice within the facility to demonstrate compliance.

Specific Corrective Action Recommendations:

115.15

Corrective Action Recommendations:

During the audit tour, the auditor noticed in the Temporary Segregation strip cages had cameras mounted overhead, viewing directly into the strip cages. These cameras are only viewable in the control bubble for the unit; however, the post can be assumed by either a male or female staff member. The auditor offered several suggestions to resolve the matter, including repositioning of the cameras outside of the strip cages, at an angle, where cross gender viewing could be limited through the use of a privacy curtain when the holding areas are used as a strip cage and then removed when it is being used solely as a holding area for inmates at risk of self harm. On December 1, 2017, the facility sent pictures of redesigned strip cages and a repositioned camera which angularly views the cages. The cages have adequate shielding of the genital area for male inmates and permits viewing of the individual being strip searched from the waist upwards. This redesign of the strip cage and repositioning of the camera demonstrates compliance with the standard.

During the audit tour, the auditor also observed that the shower facilities in the Temporary Segregation unit had glass walls that permitted unobstructed cross-gender viewing into the shower area. The Gus Harrison Correctional Facility is required to provide evidence that it has provided sufficient protections against cross-gender viewing in its Temporary Segregation unit. Specifically, this area requires an obstruction to the glass that permits full view of an inmate while showering from multiple vantage points within the unit. The auditor offers the solution of "smoking" the glass with an obstructing film to solve this matter.

115.17

Corrective Action Recommendations:

The Gus Harrison Correctional Facility demonstrates theoretical compliance with the material provisions (c) and (d) of the standard; however, as of the date of this report, has not provided sufficient documentation to form a representative sample to confirm that such background check procedures are a routine institutional practice. During the formulation of this interim report, this auditor requested additional documentation in support of provisions (c) and (d) of the standard; however, has not received this information. Once this information is received and it verifies compliance with provisions (c) and (d); the auditor will determine compliance.

115.32

Corrective Action Recommendations:

The Gus Harrison Correctional facility will be required to provide additional records to confirm that it maintains documentation of all volunteer and contractor trainings consistent with provision (c) of the standard. The auditor made a post audit request for these records; however, as of the date of this report, these records have not been received. Once requested records are received and demonstrate compliance with provision (c) of the standard; the auditor will determine compliance.

115.33

Corrective Action Recommendations:

Random interviews with specialized mental health unit inmates demonstrated that current educational efforts do not ensure long-term retention of required information to ensure sexual safety. While records confirm training is provided, additional efforts are deemed necessary to ensure this disabled segment of the population is adequately served. To ensure that its specialized mental health populations are adequately aware and informed of relevant PREA information, the auditor recommends that the agency's PREA video be played on the inmate television channel a minimum of once per month so that all inmates have continuous access to this information. Furthermore, the auditor recommends that PREA informational slides, containing reporting mechanisms and definitions of prohibited behaviors be displayed between programs on the inmate television channel. On December 1, 2017, the facility

provided supporting documentation to affirm that the facility began playing the MDOC's PREA educational video each weekend during count time to establish compliance with provisions (a) of the standard. Additionally, the facility developed three informational slides, advertising the availability of the RAINN support service, the Zero Tolerance Standard and reporting mechanisms, which air between programs on the institutional channel. The implementation of these items satisfies the auditor's concerns regarding educational efforts for intellectually disabled inmates.

115.41

Corrective Action Recommendations:

Due to the limited records pertaining to compliant risk screening procedures at the time of the onsite audit, the Gus Harrison Correctional Facility is required to provide evidence that it has assessed each individual within 72 hours of reception, using its initial victim/aggressor instruments and reassessed 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 PREA Risk Assessment tracking spreadsheet. The auditor will select a minimum of three (3) randomly sampled inmates from this spreadsheet for each of three (3) months, beginning with assessments on receptions received at the facility subsequent to October 19, 2017. The auditor will require verification, via electronic assessment records, that each individual was assessed within 72 hours and reassessed with 30 days of reception at the facility to demonstrate its compliance with provision (f) of the standard. If compliance is demonstrated during this period, the auditor will be satisfied that the matter has been corrected. The facility provided its first round of compliant assessments for randomly selected inmates on December 1, 2017, verifying that initial and follow-up assessments were conducted within applicable time frames and verifying the veracity of the risk assessment tracking log.

115.42

Corrective Action Recommendations:

The Gus Harrison Correctional Facility is required to provide evidence of consistent implementation of a 72-hour intake screening process to screen all new receptions and transfers into the facility, as required by standard 115.41 to demonstrate full compliance with 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. 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 facility is required to reassess each individual within 30 days of receipt at the facility by using its established 30-day review process.

115.63

Corrective Action Recommendations:

The Gus Harrison Correctional Facility has adequate procedures to ensure that it notifies other facilities of sexual abuse allegations it receives; however, the provided example occurred outside the standard's 72-hour requirement. To become compliant with the standard, the facility will need to demonstrate that it forwards all notifications to other correctional facilities within 72-hours of receipt. Compliance will be measured through the facility sending copies of all notifications to other facilities during the first 90-days of the corrective action period. If the facility demonstrates that all reports are made in accordance with the standard's timelines, the auditor will find compliance. Should no example present itself during this time period, corrective action will continue until sample documentation exists or the exhaustion of 180 days.

115.71

Corrective Action Recommendation:

The Gus Harrison Correctional Facility will be required to train all facility investigators to conduct investigatory interviews in pursuit of thorough investigations as required by policy 03.03.140 and

provisions (a) and (c) of the standard. The auditor recommended that a formal training memorandum be issued to all investigators and that each will be required to sign and acknowledge the requirement to complete investigations consistent with the policy revisions in 03.03.140 and provisions (a) and (c) of the standard. The facility provided a training memorandum, which the auditor found sufficient; however, signed records from all facility investigators have not yet been provided as of the date of this report. Once the facility provides signed training memorandum receipts from all facility investigators; the auditor will determine compliance.

115.81

Corrective Action Recommendations:

Gus Harrison Correctional Facility is required to demonstrate compliance with the risk screening procedures set forth under standard 115.41 and establish a track record of consistently referring and completing medical or mental health referrals consistent with provisions (a) and (b) of the standard. The auditor notes that the facility began to consistently comply with and track risk screening required under 115.41 approximately two months prior to the onsite audit and is in the process of institutionalizing its practices to become compliant with the standard; however, evidence of substantial compliance is not yet evident.

Gus Harrison Correctional Facility is required to maintain the secondary log that it has established for risk screening under 115.41 and continue to track all referrals following a disclosure of victimization or perpetration. Compliance will be measured by the facility providing the auditor with copies the tracking log, where the auditor will select random samples of individuals who required and accepted mental health or medical examinations required by the standard. The facility will be required to provide applicable documentation to confirm that accepted medical or mental health referrals have been completed during the first 90 days of the corrective action period. There should be an observable nexus between the disclosure of victimization and the reason for the clinical visit.

POST INTERIM REPORT CORRECTIVE ACTION:

115.15

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuing of the interim report the auditor was in communication with the agency's PREA Analyst for the facility to develop a solution to the cross-gender viewing issue presented by the facility's temporary segregation showers. The agency was able to cover the inward viewing glass windows to the shower with an opaque frosting which obscures the ability to see inward. This film was placed in those areas where it would be possible to see male genitalia while the shower was in use; yet still permitted inward viewing to see an individual's head and feet to ensure their safety of individuals who may engage in self-harm within that shower area. The first series of photographs were sent on March 2, 2018. The auditor noticed that the handcuffing aperture remained open and provided an opportunity for unobstructed viewing from certain angles within the unit. Through coordination with the agency PREA Analyst and the facility, a compromise solution of a frosted plexiglass hinged door to cover the handcuffing aperture was agreed upon and installed. The facility sent verification photos of each of the two showers being fully corrected on May 23, 2018. Based upon these corrections, the auditor determines the facility is now compliant with provision (d) of the standard.

115.17

POST INTERIM REPORT CORRECTIVE ACTION:

Following the interim report, the facility provided the auditor with sufficient sample documentation to prove its compliance with provisions (c) and (d) of the standard. Specifically, the facility provided this auditor with the 10 requested samples of employee background LEIN checks that were requested on January 22, 2018. The auditor does note that the delay associated with gathering this sample

documentation was related to the timing of the request coinciding with a holiday period and absences of staff with access to gather facility specific requested documentation. This documentation included the individual's application materials and the facility's confirmation of passing the criminal background (LEIN) check, which verifies the background check was completed prior to hire. Based on documentation to confirm that the facility is conducting its required background checks of employees; the auditor determines compliance with provision (c) of the standard.

To demonstrate compliance with provision (d) of the standard, the facility provided the auditor with a copy of its Facility Entry Database, which records each individual considered for authorization in the facility as a contractor, vendor, student intern, and volunteer. This database contains the approval and expiration date for each person's clearance. Each clearance expires one (1) year after authorization, at which time a renewed check would be initiated. In addition to the database, the facility provided the handwritten application materials and LEIN check sign off for sampled individuals on the database print out. Based on documentation to confirm that the facility is conducting its required background checks of contract employees; the auditor determines compliance with provision (c) of the standard.

115.32

POST INTERIM REPORT CORRECTIVE ACTION:

Following the interim report, the facility provided the auditor with sufficient sample documentation to prove its compliance with provisions (c) of the standard. Specifically, the facility provided this auditor with requested sample documentation on January 22, 2018 to verify six sampled contract staff and five sampled volunteers had documentation that they completed and understood the training they received consistent with provisions (a) and (b) of the standard. The auditor does note that the delay associated with gathering this sample documentation was related to the timing of the request coinciding with a holiday period and absences of staff with access to gather facility specific requested documentation.

115.41

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report, the agency's PREA Analyst with oversight of the facility, provided a copy of the facility's risk screening database on January 18, 2018. Within the database, there were ten individuals who were noted as reporting victimization during risk screening and accepting the offering of follow-up medical and mental health services. Documentation was requested for these ten individuals to verify the timeliness of risk screening within 72 hours and 30 days, as well as documentation that the individuals were seen for medical/mental health contacts as required by standard 115.81. The facility provided samples of requested risk assessments to prove that assessments were completed with 72 hours and 30 days; verifying the veracity of the facility's risk screening database dates. The facility was also able to provide screenshots of the electronic medical records to verify that individuals requesting follow-up mental health services were seen by mental health practitioners specifically for the disclosed victimization within 14 days for six of the ten individuals. While contact notes existed for remaining individuals; there was an absence of record within said notes to specifically verify the meeting specifically addressed the disclosed victimization during risk screening.

The agency PREA Analyst provided the next round of the facility's risk screening data base, covering through April 2, 2018 on April 3, 2018. On April 5, 2018, the auditor sent a list of sample requests. Specifically, this random sample request included fourteen individuals from each month from the period of November 2017 through March of 2018 who would be due for both 72 hour and 30 days risk assessments. The facility was required to send screenshots of its electronic risk screening program which logs the date of the assessment to confirm the veracity of the risk screening dates recorded within its electronic risk screening database. Additionally, the auditor randomly sampled three individuals who accepted services as required by standard 115.81. The auditor received the requested risk screening sample and mental health contact documentation on May 4, 2018. The samples again authenticated the

dates recorded on the facility's risk screening databased.

Having established the veracity of the risk screening database, the auditor further analyzed the database to measure compliance with the timeliness provisions of 115.41. There were 1007 entries to the facility who remained at the facility for 72-hours or greater. The auditor observed that only nine of these individuals did not have their intake screening logged as completed within that 72 hour period. The auditor determines that the 99.1% timely completion rate demonstrates substantial compliance with provision (b) of the standard. There were 866 entries to the facility who remained at the facility for 30 days and who completed the required reassessment. During a review of the database, the auditor observed three entries where reassessments were not completed within 30 days of facility entry. The auditor determines that the 99.6% timely completion rate demonstrates compliance with provision (f) of the standard.

115.42

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report and as specifically addressed under standard 115.41, the facility complied with the corrective action recommendation to institutionalize the operations of conducting 72 hour and 30 day risk screening assessments on all transfers to the facility. As described under standard 115.41, the facility provided its risk screening database, which was authenticated via random sampling. The database demonstrated a compliance rate of over 99% with both assessment types; therefore, the auditor is satisfied that the facility is using the most recent and accurate assessment information available in compliance with all provisions of 115.42.

115.63

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report, the facility demonstrated compliance with provision (b) of the standard by forwarding a report of sexual abuse occurring at another facility within 72 hours of its receipt. Specifically, the facility was in receipt of a report of sexual abuse occurring at another MDOC facility in 2012, on February 1, 2018. The Warden forwarded this notification to the Warden of the affected facility on February 2, 2018 to demonstrate compliance with the timeliness provision of the standard.

115.71

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report, the facility demonstrated compliance with provisions (a) and (c) of the standard by gathering signed documentation from each of the facility's potential 28 active investigators to ensure they are acutely aware and understand the agency policy changes that require in-person interviews with all applicable parties to an investigation. The facility completed its training of all investigators between November 30, 2017 and February 27, 2018. As noted in the above narrative, the primary investigators within the facility demonstrated compliance; however, trained management staff who are periodically used to conduct investigations did not appear to be formally aware of this requirement for sampled investigations through July of 2017. This signed acknowledgement confirms that potential investigators are aware of the need to conduct in-person interviews with all parties and reinforces the compliant documentation observed within facility investigations after July 2017.

115.81

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report, the agency's PREA Analyst with oversight of the facility, provided a copy of the facility's risk screening database on January 18, 2018. Within the database, there were ten individuals who were noted as reporting victimization during risk screening and accepting the offering of follow-up medical and mental health services. Documentation was requested for these ten individuals to verify the timeliness of risk screening within 72 hours and 30 days, as well as documentation that the individuals were seen for medical/mental health contacts as required by standard 115.81. The facility provided samples of requested risk assessments to prove that assessments were

completed with 72 hours and 30 days. The facility was also able to provide screenshots of the electronic medical records to verify that individuals requesting follow-up mental health services were seen by mental health practitioners specifically for the disclosed victimization within 14 days for six of the ten individuals. While contact notes existed for remaining individuals; there was an absence of record within said notes to specifically verify the meeting specifically addressed the disclosed victimization during risk screening.

Due to the lack of an observable nexus between visit and disclosure during risk screening for four individuals, the auditor requested additional random samples during a risk screening sample on April 5, 2018. Within this sample, the auditor requested documentation to verify that three sampled individuals who requested a follow-up meeting with mental health staff received said meeting within 14 days. The facility provided the auditor confirmation from its electronic health records on May 4, 2018, to verify that such meetings took place with an observable nexus between disclosure during risk screening and the subsequent visit in compliance with provisions (a) and (b) of the standard.

115.87-89

POST INTERIM REPORT CORRECTIVE ACTIONS:

During the interim report period, this auditor noticed that the agency had not posted its annual report of 2016's sexual abuse and sexual harassment statistics to its public website. The agency was notified of the need to post such a report to the public website with a comparison of previous years data to be determined compliant for this audit and a subsequent audit conducted within the agency by this auditor. On March 16, 2018, MDOC posted to its website, www.michigan.gov/corrections the required PREA 2016 Annual Report. The auditor questioned whether such report had the approval of the agency head and how it could be proven.

On June 4, 2018, MDOC posted to its website a revised 2016 Annual Report including the agency head signature. This Annual Report is compiled by the agency PREA Manager and signed by the MDOC Director. This nine-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the four correctional facilities audited during 2016, with audit findings reviewed and the corrective actions implemented discussed; 2016 Allegations and Findings by Type; the 2016 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2015 PREA Statistics; and Summary. Based upon the agency's compilation and agency website posting of the PREA 2016 Annual Report, www.michigan.gov/corrections, and this auditor's review, auditor has determined that Gus Harrison Correctional Facility is in compliance with the requirements of this standard. The Annual Reports contain no personally identifying information, or material which would present a clear and specific threat to the safety and security of the facility.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 03.03.140 and the PREA Manual were updated by the agency in March 2017 to address gaps identified in recent audits and to enhance the overall level of compliance within the Michigan Department of Corrections (MDOC). These updates became effective throughout the agency on 04/24/2017. These policies 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>Under recent revisions, agency policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS serves to establish the agency's zero-tolerance policy and outline the agency's approach to implementing the PREA standards. This policy outlines definitions, sets forth the zero-tolerance standard, describes responsibilities of staff, outlines preventative measures, reporting mechanisms, investigation practices, medical and mental health provider responsibilities and access to victim advocacy. Key enhancements within this updated policy, are the implementation of 72-hour intake risk screening for each transfer within the MDOC and the requirement to ensure investigatory interviews are conducted with applicable parties in each investigation.</p> <p>The MDOC is in the process of establishing initial determinations of compliance at each of its facilities during the second audit cycle. With the knowledge that there are a wide array of policies issued prior to the effective date of the PREA Standards and the need to cover those areas where previous policy may have been inadequate to meet the PREA standards; the agency created its PREA manual. The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards, in detail, that were previously covered by a network policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. Under the authority of a Director's Office Memorandum, the agency PREA Manual supersedes all policies that were issued prior to its initial issue in September 2015 and supersedes any conflicting policies at the time of its re-issue in April 2017. 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 recent revisions within 03.03.140 and the PREA Manual, the position of</p>

PREA Manager (formerly referred to as the PREA Administrator) fulfills the role of an Agency PREA Coordinator. This position is four layers removed from the agency Director with sufficient authority to implement agency efforts to comply with the PREA standards. During an interview with the PREA Manager, it was explained that the title of PREA Manager, is used to accommodate existing Michigan Civil Service title rules. Through an interview with the PREA Manager, he has sufficient time and authority to implement PREA standards throughout the agency.

Agency policy 03.03.140 and the PREA Manual were updated by the agency to address gaps identified in recent audits. These updates became effective throughout the agency on 04/24/2017. These policies 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)

Under recent revisions, agency policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS serves to establish the agency's zero-tolerance policy and outline the agency's approach to implementing the PREA standards.

The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards, in detail, that were previously covered by a network 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 initial issue in September 2015 and supersedes any conflicting policies at the time of its re-issue in April 2017. 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.

Provision (b) was audited at the agency level; however, it will be addressed in part in this report. According to recent revisions within 03.03.140 and the PREA Manual, the position of PREA Manager (formerly referred to as the PREA Administrator) fulfills the role of an Agency PREA Coordinator. This position is four layers removed from the agency Director with sufficient authority to implement agency efforts to comply with the PREA standards. During an interview with the PREA Administrator (Manager), it was explained that the former title of PREA Administrator (Manager), is used to accommodate existing Michigan Civil Service title rules. Through an interview with the PREA Administrator (Manager), he has sufficient time and authority to implement PREA standards throughout the agency.

According to the PREA Manual, the position of PREA Coordinator at the facility oversees the

duties of a facility PREA Compliance Manager. This auditor was informed during an interview with the agency PREA Manager that the agency titles were modified to accommodate existing Civil Service title rules within the state of Michigan. The PREA Coordinator for the Gus Harrison Correctional Facility is the Deputy Warden for Housing and Programs. The position of Deputy Warden of Housing and Programs in the MDOC has is an upper-level management position who acts under the authority of the Warden to supervise all inmate housing and programs (i.e. treatment programming, education, healthcare, etc.). 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.

Based on a review of the PREA Manual and interviews with the PREA Administrator (Manager) and facility PREA Coordinator, the auditor determined compliance with provision (c).

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	<p>This standard was audited at the agency level; however is addressed in part in this report to explain the nature of a contract entered into by the MDOC for reentry services with a private entity.</p> <p>Through a review of the PAQ, the PREA Manual and interviews with the PREA Manager and Agency PREA Analyst, this auditor determined that neither the agency nor the Gus Harrison Correctional Facility currently contract with any outside entities for the confinement of its inmate population. The facility provided documentation for a contract entered into with the Great Lakes Recovery Centers. While this contract is not for the housing of inmates and is focused on the provision of reentry services in the areas of employment, vocational services and linkages to community housing resources for social and behavior health services; it contained language to ensure that the contractor would be required to be compliant with the PREA Standards. As of the date of the audit, no contracts have been awarded for the confinement of MDOC inmates by any private entity. The absence of any contracts for the confinement of its inmates, policy provisions within the PREA Manual and the language within its executed contract demonstrates the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Manual specifies the eleven factors enumerated within provision (a) of the standard are taken into account when developing the staffing plan for MDOC prisons. The facility staffing plan, dated June 18, 2017 verifies that all eleven factors within provision (a) of the standard were used to formulate the facility staffing plan. The plan contains a narrative description relative to each of the eleven enumerated factors and the facility's findings. Within the supporting documentation were the results of recent internal audits (2016) and the last auditor general inspection report (2005) that the auditor reviewed.</p> <p>Interviews with the Warden and PREA Coordinator reveal that no recent modifications were made to the staffing plan. The auditor notes that the facility recently completed a significant enhancement of its camera system and is still in the process of adding additional cameras, which provides facility staff with an exceptional support tool to augment existing officer presence. A review of the facility's staffing plan and an interview with the PREA Manager revealed that, although the agency no longer participates in audits by the American Correctional Association (ACA), its staffing levels are predicated on these standards and are audited by the state's Auditor General. According to the PAQ, the operational staffing plan was originally predicated on 2347 inmates and the facility's average daily population has averaged 2266. It is noted that on the first day of the audit, the population was 2191 and the second day was 2200.</p> <p>Staffing rosters identify a total of 73 potential posts to be filled throughout the facility; however, based on institutional routine, not all posts are required to be filled when those areas are not in operation (i.e. visiting room post is not open during those days when visits do not occur). Moreover, the facility closed its outside, unsecure level 1 housing unit approximately six months prior to the audit for operational efficiency purposes; further bolstering its resources to adequately staff the facility.</p> <p>According to an informal interview with the PREA Manager during the audit tour, the agency does not ordinarily deviate from its staffing plan. The PREA Manager reported that all posts are filled either through voluntary overtime or mandated overtime. An interview with the Warden revealed that staff either volunteer or are mandated to remain at their posts on overtime to fulfill the facility's staffing plan. The Warden offered that non-essential posts (i.e. recreation, visiting, etc.) could be closed if emergency conditions existed to maintain essential levels of staffing in areas of the facility where inmates have access. Daily shift rosters provided within pre-audit materials document facility absences and how posts are filled with overtime. Shift rosters obtained during the audit verified the closing of non-essential posts (i.e. Yard Rover) to accommodate staffing needs. During the audit, the auditor observed the use of overtime to ensure posts were filled. Interviews with the Warden, the auditor's observations during the tour and interviews with staff who worked overtime confirm the facility staffing plan is complied with to demonstrate compliance with provision (b).</p> <p>The PREA Manual states that the Warden and PREA Coordinator are involved in the review of the facility staffing plan. This plan is subsequently forwarded to the agency PREA Manager for</p>

review. The PREA Manager is relatively new to his position (assuming his duties approximately four months prior to this audit); however, reports involvement in the staffing plan process for each facility within the agency.

This auditor was provided a copy of the Annual Staffing Plan Review for the Gus Harrison Correctional Facility dated June 18, 2017. The review included a thorough review of the facility staffing plan based on internal agency operational audit reports to determine operational compliance with factors similar to an ACA standards. There was no identified need to change current operations based on the eleven factors denoted within provision (a) of the standard. The auditor notes that this audit is the initial PREA audit for the Gus Harrison Correctional Facility and it is establishing its procedures to ensure PREA compliance. Therefore, multiple reviews of the staffing plan involving the PREA Manager were unavailable.

Interviews with the Warden, PREA Coordinator and PREA Manager, as well as a review of the agency policy, confirm that that staffing plan is reviewed annually by the facility and the agency PREA Manager. Moreover, these interviews confirm the facility and the agency has taken action to upgrade its camera technology 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. Pre-audit, the facility provided sample electronic round reading device print-outs from Shift Commanders and Assistant Shift Commanders to demonstrate unannounced supervisory rounds taking place within the facility during all three shifts. Additionally, the facility also provided pages from its housing unit log books to verify unannounced rounds during all three shifts. 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 from all classes of supervisory staff.

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 Wardens complete weekly rounds within the housing units, with those rounds covering all three shifts on a monthly basis. The facility Deputy Warden for Housing/PREA Coordinator was interviewed and reported that he is required to do rounds in all areas of his responsibility once per week (which includes all inmate housing units). He stated that his rounds are unannounced, staff are not permitted to notify others of occurring rounds and that he routinely changes his tour route within the facility to ensure rounds are not predictable. Radio traffic is not permitted to ensure rounds are not announced. Rounds are documented in the unit log books in green ink and with the use of an electronic round reader. During the tour, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of supervisors during each shift on the housing units at unpredictable times. 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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. Additionally, the PREA manual and facility narrative reinforce the agency's assertion that youthful inmates are not housed at Gus Harrison Correctional Facility. The agency provided operational procedures from TCF and WHV to demonstrate that said facilities due have procedures in place to manage youthful offenders.</p> <p>During the audit tour and through interviews with the Warden, PREA Manager and facility PREA Coordinator, it was observed that the Gus Harrison Correctional Facility does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>04.04.140 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. The facility indicates within the pre-audit questionnaire that no cross-gender searches were conducted during the audit period.</p> <p>Policy 04.04.110 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 04.04.110 also does not specify who may view recorded body cavity searches (Z-4), only noting that the Warden or his/her supervisors may authorize release or viewing of the recording. 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 Manager confirms that privacy screens are to be used when an opposite gender supervisor must be present during a strip/body cavity search. The facility PREA Coordinator confirms that no cross-gender strip searches or visual body cavity searches were conducted. Informal interviews with female staff during the audit tour confirm that female staff are well aware of their inability to conduct strip and body cavity searches of the male inmates housed at the facility to demonstrate compliance with provision (a) of the standard.</p> <p>Policy 04.04.110, 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>Although agency policy 04.04.110 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-gender pat search of a female inmate; the auditor also notes that Gus Harrison Correctional Facility does not house female inmates.</p> <p>Through the PAQ, a review of agency policy 05.01.140, Prisoner Placement and Transfer, the PREA Manual, the facility tour and interviews with the PREA Manager, PREA Coordinator and Warden, the auditor observed that the facility does not house female inmates. Therefore, the facility demonstrates that it does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with provision (b).</p> <p>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</p>

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. These policies require that visual body cavity searches be completed by licensed medical professionals. It is recommended within policy that an additional staff be present during the course of such a search and that staff person must be of the same gender as the person receiving the visual body cavity search. Agency Personal Searches training materials were reviewed and also support that all staff are provided training to ensure that staff are knowledgeable of the prohibition of male staff pat searching female inmates.

The facility PREA Coordinator and pre-audit questionnaire confirmed there were no reported cross gender strip, visual body cavity or pat-searches conducted by the facility. Observations and informal interviews with staff during the audit tour support that procedures are in place to ensure that strip searches of the male inmate population are conducted by male staff. Non-medical staff are not permitted to conduct body cavity searches. Formal random staff interviews confirmed that line staff are well aware of the prohibition against cross-gender strip searches and the auditor notes that the facility does not house female inmates, allowing this auditor to determine compliance with provision (c) of the standard.

03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS, the PREA Manual, Privacy Notice Signs, Knock and Announce and photographs of showering facilities signs were reviewed pre-audit 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, officer desks 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.

The Gus Harrison Correctional Facility is divided into two distinct sections, one being the North side, with more secure brick and mortar housing unit structures. The South side is comprised of "pole barn" dormitory style housing. The auditor immediately noticed during the audit tour of the North side housing units that showering facilities did not provide adequate protections against cross-gender viewing. Specifically, the housing unit is designed similar to the entryway of a split level home, with the officer's station, staff offices and recreation areas on level with the entry way. Living quarters are accessed either by an ascending or descending stairs. Shower facilities are located either at the top of the ascending or at the bottom of the descending stairs. From both perspectives, when one either ascends or descends to the stair landing area, the existing privacy doors that were intended to block viewing of genitalia while showering were of insufficient height to provide adequate safeguards from cross-gender viewing. The auditor noticed this to be a consistent design flaw in all five of the North side housing structures. After the auditor made facility staff aware of this issue, steps were taken to extend the height of the shower privacy doors. The auditor also notes that this was a common issue raised by those inmates interviewed from the North side of the facility, with 7 inmates identifying this as a problematic issue. Although two inmates specifically complained about the lack of privacy when using the toileting facilities in the level 2 housing units on the North side of the facility (also located at the landing area for each of the ascending and descending

stairs), the auditor assessed this matter from several vantage points and determined that, while the upper torso area was visible above the privacy stalls, the genital/buttocks area of the inmates were not visible while those toileting areas were in use.

By the morning of the second day of the onsite audit, this auditor was able to re-tour the area and confirm that the facility bolted an approximately 18 inch extension on to each of the shower doors for each of these units. The auditor ascended and descended each set of stairs and was satisfied that the extensions then provided sufficient privacy for inmates in the showers. While assessing compliance, several inmates approached the auditor and stated their happiness with the additional privacy these extensions afforded.

During the audit tour, the auditor also noticed in the Temporary Segregation strip cages have cameras mounted overhead, viewing directly into the strip cages. These cameras are only viewable in the control bubble for the unit; however, the post can be assumed by either a male or female staff member. Although the facility stated that female staff are required to leave the area while strip searches were conducted, this was insufficient protection against cross gender viewing. The facility stated the cameras are necessary to ensure the safety of the significant mental health population who are at an elevated risk of self harm when placed into the holding areas for strip searches. The auditor offered several suggestions to resolve the matter, including repositioning of the cameras outside of the strip cages, at an angle, where cross gender viewing could be limited through the use of a privacy curtain when the holding areas are used as a strip cage and then removed when it is being used solely as a holding area for inmates at risk of self harm. On December 1, 2017, the facility sent pictures of redesigned strip cages and a repositioned camera which angularly views the cages. The cages have adequate shielding of the genital area for male inmates and permits viewing of the individual being strip searched from the waist upwards. This redesign of the strip cage and repositioning of the camera demonstrates compliance with the standard.

Additionally, during the audit tour, the auditor also noticed that the shower facilities within the temporary segregation have a large area of glass that permits viewing into the shower, with no protections against cross-gender viewing. The auditor offered the solution of "smoking" the glass with an obstructing film to solve this matter. As of this report, the matter requires corrective action.

Of a total 41 inmates interviewed during the audit, 24 affirmed that announcements were being made most of the time. 15 stated that the practice of opposite gender announcements were not routine; however, the auditor notes that the layout and structure of the housing unit, and the inmate's position within the housing unit had significant influence on whether or not the inmates could hear the announcement. Specifically, with respect to both style of housing units within the facility, the entry points where announcements are made are a considerable distance from the far reaches of the housing areas. During the audit tour, the auditor observed that inmates were permitted to watch television, converse and interact with each other, creating a volume of noise where it is unlikely that inmates furthest from the entry ways were able to hear opposite gender announcements consistently. The auditor notes that the restroom and shower facilities within all dormitory and level 2 housing units were close to the entryway of each unit and were designated as the authorized changing areas. On the level 4 housing units, the shower facilities were also close to the entryway, providing inmates who are in the greatest capacity for being in a state of undress with the opportunity to cover-up when

necessary. With multiple informal interviews in each housing unit throughout the tour, the auditor is satisfied that there is substantial compliance with provision (d)'s requirement of opposite gender announcements, despite the fact that not all may consistently hear the announcement.

Due to the need to address the cross-gender viewing possibilities within the Temporary Segregation unit shower area, this auditor determines there is a need for corrective action for provision (d), with recommendations as described above.

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 pre-audit when determining compliance with provision (e) of the standard. While this policy was previously in existence, the auditor notes this policy was amended at the agency level, effective 06/26/2017, and became known as GENDER DYSPHORIA, eliminating references to Gender Identity Disorder (GID). 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. While one of 14 randomly interviewed staff could not identify a specific policy related to this subject, they described practices consistent with the knowledge that it is not part of their duties to search an inmate to determine genital status, furthering that such determinations are made prior to their interactions with the inmates or with healthcare staff. Three transgender inmates participated in interviews during the audit. These individual confirmed that they have not been searched for the sole purpose of determining their genital status. Through formal and informal interviews with multiple ranks of staff, the auditor is confident that transgender and intersex inmates are not 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). All staff were able to articulate proper cross gender search techniques during random interviews and stated that they received this training through the MDOC training academy or as part of their annual training. Through past audits in the MDOC, this auditor is aware that it has been a long-standing practice for cross-gender search training to be delivered to staff through the training academy process. 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 over 400 computer based training record receipts as part of its pre-audit sample training records 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.

Corrective Action Recommendations:

During the audit tour, the auditor noticed in the Temporary Segregation strip cages had cameras mounted overhead, viewing directly into the strip cages. These cameras are only viewable in the control bubble for the unit; however, the post can be assumed by either a male or female staff member. The auditor offered several suggestions to resolve the matter,

including repositioning of the cameras outside of the strip cages, at an angle, where cross gender viewing could be limited through the use of a privacy curtain when the holding areas are used as a strip cage and then removed when it is being used solely as a holding area for inmates at risk of self harm. On December 1, 2017, the facility sent pictures of redesigned strip cages and a repositioned camera which angularly views the cages. The cages have adequate shielding of the genital area for male inmates and permits viewing of the individual being strip searched from the waist upwards. This redesign of the strip cage and repositioning of the camera demonstrates compliance with the standard.

During the audit tour, the auditor also observed that the shower facilities in the Temporary Segregation unit had glass walls that permitted unobstructed cross-gender viewing into the shower area. The Gus Harrison Correctional Facility is required to provide evidence that it has provided sufficient protections against cross-gender viewing in its Temporary Segregation unit. Specifically, this area requires an obstruction to the glass that permits full view of an inmate while showering from multiple vantage points within the unit. The auditor offers the solution of "smoking" the glass with an obstructing film to solve this matter.

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuing of the interim report the auditor was in communication with the agency's PREA Analyst for the facility to develop a solution to the cross-gender viewing issue presented by the facility's temporary segregation showers. The agency was able to cover the inward viewing glass windows to the shower with an opaque frosting which obscures the ability to see inward. This film was placed in those areas where it would be possible to see male genitalia while the shower was in use; yet still permitted inward viewing to see an individual's head and feet to ensure their safety of individuals who may engage in self-harm within that shower area. The first series of photographs were sent on March 2, 2018. The auditor noticed that the handcuffing aperture remained open and provided an opportunity for unobstructed viewing from certain angles within the unit. Through coordination with the agency PREA Analyst and the facility, a compromise solution of a frosted plexiglass hinged door to cover the handcuffing aperture was agreed upon and installed. The facility sent verification photos of each of the two showers being fully corrected on May 23, 2018. Based upon these corrections, the auditor determines the facility is now compliant with provision (d) of the standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency PREA Manual requires that the Department provide prisoner education in formats understandable by the entire prisoner population. Policy 03.03.140 specifies that the agency PREA Manager is responsible for the creation and distribution of standardized training materials and the agency will contract with any interpreters as necessary to reach disabled or limited English proficiency inmates. The PREA Manual, along with training materials, were reviewed by this auditor in determining compliance with provision (a) of the standard.</p> <p>This auditor observed, through a review of agency educational materials, that the agency makes significant efforts to reach limited English proficient inmates and those who may be deaf by captioning PREA inmate training videos in English and Spanish. The agency also produces a PREA specific brochure in Spanish, as well as publishing its Prisoner Guidebooks in Spanish.</p> <p>A braille version of the PREA pamphlet was created for blind inmates and a sign language interpreting service is available at the facility through DEAF, ETC sign language interpreters. The facility provided an invoice from this service as proof of its contract. 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 captioning of the PREA inmate video in multiple languages, including Arabic and Spanish.</p> <p>Gus Harrison Correctional Facility is home to several specialized mental health treatment units and a significant portion of its population is treated for mental health issues. Due to the absence of several categories of specialized inmates to interview during the course of the audit, the audit team concentrated its efforts to interview additional inmates who fell into the category of intellectually or psychiatrically disabled. While it is clear to the auditor that the facility does provide education to its inmate population and education can be verified through signed receipts from inmates; those inmates housed on the specialized mental health units, demonstrated difficulty retaining what information has been provided to them. As a corrective measure, the auditor recommended and the facility agreed to begin airing the MDOC's PREA orientation video at least once per month on its inmate institutional cable television channel and to show PREA information on slides between shows on the inmate television network. As of this report, the facility began playing the MDOC's PREA education video each weekend during count time as a means to ensure all inmates have ongoing access to information they may fail to retain over time. Additionally, the facility developed three informational slides, advertising the availability of the RAINN support service, the Zero Tolerance Standard and reporting mechanisms, which air between programs on the institutional channel.</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</p>

Spanish and were observed during the audit tour. The auditor reviewed translation invoices from the facility to confirm that the facility has an active interpretation services account to reach LEP inmates. The facility provided invoices from Real Time Translation and DEAF, ETC that this auditor reviewed in determining compliance with provisions (a) and (b) of the standard. The auditor conducted two interviews with LEP inmates. One was with the assistance of a staff Spanish interpreter that the facility stated it uses when necessary and the second was through the use of the Real Time Translation service for an inmate who spoke a dialect native to his homeland of Sudan.

Agency policy 03.03.140 and PREA Manual prohibits the use of inmate interpreters and were reviewed in deterring 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. All fourteen 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).

Corrective Action Recommendations:

Although the facility provides PREA education materials to its inmate population which can be verified, the inmates housed within its specialized mental health populations demonstrated significant difficulty recalling education on basic PREA information pertaining to their rights and reporting options during formal interviews. At the conclusion of the onsite audit, the auditor recommended and the facility agreed to begin airing the MDOC's PREA orientation video at least once per month on its inmate institutional cable television channel and to show PREA information on slides between shows on the inmate television network. As of this report, the facility began playing the MDOC's PREA educational video each weekend during count time to establish compliance with provisions (a) of the standard. Additionally, the facility developed three informational slides, advertising the availability of the RAINN support service, the Zero Tolerance Standard and reporting mechanisms, which air between programs on the institutional channel. The implementation of these items satisfies the auditor's concerns regarding educational efforts for intellectually disabled inmates.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>02.06.111 EMPLOYMENT SCREENING (updated 03/13/2017) 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>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. These application materials are part of its NEOGOV online application materials that are universal throughout the agency. The facility is not responsible for conducting background checks of correctional officer staff, which are hired by the agency. These background screenings are conducted by the agency central office. The facility is, however, responsible for directly hiring non-officer personnel. The facility conducts checks on those staff directly hired and those staff transferring into the facility. An interview with the Records Office supervisor confirms that this entity within the facility is responsible for conduct background checks of new hires and employees authorized to use firearms.</p> <p>A review of facility hiring records, agency application materials, interviews with the agency PREA Manager, Records staff and Human Resource staff confirm that the Gus Harrison Correctional Facility is compliant with provision (a) of the standard.</p> <p>Policy 02.06.111, which was updated in March of 2017, 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. Policy states that any candidate for a job change or promotion with a history of engaging in misconduct, such as sexual harassment can be blocked by the agency Director. Interviews indicate that candidates that individuals with such a history would not be hired or promoted without review by a central office committee where the “whole picture” of employee’s tenure would be considered in the selection process.</p> <p>A review of policy and the interview with Human Resource staff confirms that the facility is not responsible for conducting background checks of newly hired custody staff. This function is completed at the agency level by central office staff where candidates are centrally hired and allocated to facilities. 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>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 is completed at the agency level by central office staff.</p>

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 is completed at the agency level by central office staff.

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. The facility provided minimal background check documentation for only one of the 86 new hires or potential new-hires pre-audit to demonstrate compliance with provision (c). The auditor requested additional documentation from the facility during the interim report period; however, as of the date of this report this documentation has not been received. Once the auditor receives the requested documentation, a determination of compliance will be made.

Agency policy 02.06.111 and the PREA Manual were reviewed in determining compliance with provision (d). The facility provided one sample documentation of background checks for contractors as proof of this provision of the standard. The auditor requested additional documentation from the facility during the interim report period; however, as of the date of this report this documentation has not been received. An interview with HR staff revealed that background checks for contractors are conducted by regional Department Heads for the area serviced by the contractor (i.e. food services conducts background checks of contract culinary staff). When the facility provides the requested documentation in support of finding compliance for conducting background checks consistent with provision (d); the auditor will find compliance.

According to policy 02.06.111 EMPLOYMENT SCREENING (updated 03/13/2017), the PREA Manual and staff interviews, LEIN checks are completed through the Records Office and Deputy Warden's office in June of designated years for agency employees and contractors. The facility provided its tracking records to verify 495 background checks completed in June of 2015 for all authorized to enter the facility at that time to demonstrate compliance with provision (e) of the standard. As a result of the recent update in policy 02.06.111, an in-depth criminal history check will be completed every three years for all employees and will be due once again in June of 2018.

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 had one example of the facility responding to a request from an outside agency request for such information on a former employee that was reviewed by this auditor to establish compliance with provision (h). The processing of this request demonstrates that procedures are in place to ensure information on substantiated allegations of sexual abuse or sexual harassment are provided to requesting agencies regarding former MDOC employees in compliance with provision (h) of the standard.

Corrective Action Recommendations:

The Gus Harrison Correctional Facility demonstrates theoretical compliance with the material provisions (c) and (d) of the standard; however, as of the date of this report, has not provided sufficient documentation to form a representative sample to confirm that such background check procedures are a routine institutional practice. During the formulation of this interim report, this auditor requested additional documentation in support of provisions (c) and (d) of the standard; however, has not received this information. Once this information is received and it verifies compliance with provisions (c) and (d); the auditor will determine compliance.

POST INTERIM REPORT CORRECTIVE ACTION:

Following the interim report, the facility provided the auditor with sufficient sample documentation to prove its compliance with provisions (c) and (d) of the standard. Specifically, the facility provided this auditor with the 10 requested samples of employee background LEIN checks that were requested on January 22, 2018. The auditor does note that the delay associated with gathering this sample documentation was related to the timing of the request coinciding with a holiday period and absences of staff with access to gather facility specific requested documentation. This documentation included the individual's application materials and the facility's confirmation of passing the criminal background (LEIN) check, which verifies the background check was completed prior to hire. Based on documentation to confirm that the facility is conducting its required background checks of employees; the auditor determines compliance with provision (c) of the standard.

To demonstrate compliance with provision (d) of the standard, the facility provided the auditor with a copy of its Facility Entry Database, which records each individual considered for authorization in the facility as a contractor, vendor, student intern, and volunteer. This database contains the approval and expiration date for each person's clearance. Each clearance expires one (1) year after authorization, at which time a renewed check would be initiated. In addition to the database, the facility provided the handwritten application materials and LEIN check sign off for sampled individuals on the database print out. Based on documentation to confirm that the facility is conducting its required background checks of contract employees; the auditor determines compliance with provision (c) of the standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<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 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. The auditor does note; however, that the facility upgraded its interior lighting system to increase visibility, which does enhance overall safety when traveling between buildings.</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 was recently expanded from approximately 80 to 380 cameras. The facility's camera system is extraordinarily advanced and incorporates a digital screening technology to digitally block viewing of toileting, showering and strip search areas throughout the facility. Aside from the non-compliant cameras within the Temporary Segregation strip cage area, the placement of cameras was strategically aimed to enhance sexual safety within the facility, while still affording privacy to dwelling, showering and toileting facilities within the housing units.</p> <p>The facility also installed an electronic tour scan verification system that was observed during the tour. The reader points are located throughout each housing area to verify that security rounds are conducted at all points within the housing unit at required intervals. The strategic deployment of video monitoring technology and round reading technology demonstrates the agency and facility dedication to compliance with provision (b) of the standard.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>According to the agency's Crime Scene Management and Preservation training manual and an interview with the agency PREA Manager, the agency's crime scene preservation is predicated upon the United States Army Criminal Investigation Command.</p> <p>During formal and informal interviews with facility medical staff and investigators, staff are aware that the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations and their obligation is to preserve what evidence may exist. 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 and an interview with the agency PREA Manager, 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 PAQ indicates that one forensic examination was conducted during the previous 12 months and was performed by a qualified medical practitioner. Through a review of investigations, the auditor found no additional evidence of forensic examinations during the audit review period. Through an interview of a staff member at the Promedica/Bixby Hospital; it was confirmed that inmates at the Gus Harrison Correctional Facility are provided with SANE examination services via its use of Promedica/Bixby Hospital as its outside medical provider. While no formal agreement for SANE services is in place, an</p>

interview with the Promedica/Bixby Hospital Clinical Manager of the Emergency Room confirmed SANE staff are available on an "on-call" basis to ensure coverage on all shifts when this service is necessary. The hospital utilizes a pool of SANE examiners that are contacted via mass notification when SANE services are necessary. The hospital will utilize the first available SANE who responds to the call. If the patient did not agree to wait for an on-call SANE, the physician would transfer the patient to the Toledo or University of Michigan hospitals where both facilities have onsite SANE programs. If the patient refused transfer to either of these facilities, the physician would conduct the examination.

Through a review of agency policy, documentation of facility communication with the Promedica/Bixby Hospital and an interview with a staff person at the Promedica/Bixby Hospital 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 Ministries and the Michigan Coalition to End Domestic and Sexual Violence at the agency level were provided and reviewed by the auditor in determining compliance with provision (d). Additionally, the auditor reviewed a facility documentation of its discussions with its SAFE/SANE provider that describes how advocacy services are available through the facility's outside medical provider, Promedica/Bixby Hospital. According to the documentation and through interview with staff at the Promedica/Bixby Hospital, with proper notification, the hospital can provide a victim advocate to accompany the victim through the forensic examination process. The auditor contacted Promedica/Bixby Hospital and confirmed that the hospital receives inmates from the Gus Harrison Correctional Facility for the purposes of conducting forensic examinations and that the Catherine Cobb Safe House advocacy program would. The facility has not been able to provide proof that it secured an agreement with victim advocacy services from an outside agency; however, has documented its attempts to do so. 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 in its absence, qualified facility staff members have been identified and trained to provide advocacy services in the absence of a formal rape crisis service agreement. Specifically, to ensure the availability of a qualified staff member on all shifts, the facility has designated and trained all medical and mental health providers to serve as victim advocates. Additional line staff have volunteered to provide this services as well. While all medical and mental health staff have been trained in this function, the facility has designated its chief psychologist as the primary individual who would serve in the capacity of a victim advocate.

During interviews with the inmates at the facility who reported sexual abuse, none of them reported an incident that would have required a forensic examination. The inmate who had the forensic examination at the facility in September of 2016 was no longer housed in the facility at the time of the onsite audit.

Interviews with the PREA Coordinator, PREA Manager, a review of agency correspondence with outside advocacy agencies, documentation of correspondence with the Promedica/Bixby Hospital and the facility's documented training of sixty-six (66) staff members to serve as a qualified agency staff member under this standard, 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 and agency have identified medical and mental health staff to serve as qualified staff members to provide advocacy services during any investigatory interviews in the current absence of a rape crisis advocacy agreement or the availability of the rape crisis advocate at the Promedica/Bixby Hospital. Through previous audits, this auditor was provided the series of training materials that the agency adopted from the Office for Victims of Crime Training and Technical Assistance Center (a component of the US Department of Justice) to train its staff to act in the capacity of a qualified staff member and found the curriculum to be sufficient. The facility provided documentation of sixty-six (66) staff having completed this training. While all medical and mental health staff have been provided the training to serve in this capacity, the facility has designated its lead psychologist as the individual with the primary responsibility of fulfilling the role of an advocate. The MSP memorandum confirms that the investigative agency has agreed to allow these individuals access during forensic medical examinations and interviews consistent with standard 115.21. Absent a formal agreement with a rape crisis center, 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 qualified medical or mental health from the facility who have received training in trauma informed care and are generally educated in the forensic examination procedures. Through previous audits, this auditor was provided the series of training materials that the agency adopted from the Office for Victims of Crime Training and Technical Assistance Center (a component of the US Department of Justice) to train its staff to act in the capacity of a qualified staff member and found the curriculum to be sufficient. The facility provided documentation of sixty-six (66) staff having completed this training; however, has designated its lead psychologist as the primary individual responsible for this function, consistent with provision (h) of the standard.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 831">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's designee confirms that all 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 Manager confirm that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities. Interviews with the Warden, facility PREA Coordinator and the facility Inspectors (investigators) confirm that all allegations of sexual abuse are referred for administrative investigation and criminal investigation when required.</p> <p data-bbox="252 887 1481 1301">The facility provided minimal examples of investigation referrals pre-audit; however, samples included referrals from verbal reports to staff, grievance referrals and an allegation reported to the Legislative Ombudsman. During and following the onsite portion of 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. Although the PAQ indicated that no cases were referred for criminal investigation during the audit period; investigative files contain information to confirm such referrals have been made. Agency policies, interviews and a review of facility investigations demonstrates that the facility is in compliance with provision (a) of the standard.</p> <p data-bbox="252 1357 1481 1816">Michigan State Police (MSP) 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. An interview with a facility investigator confirmed they are aware of their obligations to refer allegations of a criminal nature to MSP. During a review of facility investigations, there was ample evidence to support that the facility does refer potential criminal allegations to MSP, specifically, MSP referrals and reports were observed in investigatory files, allowing this auditor to determine compliance with provision (b) of this standard.</p> <p data-bbox="252 1872 1481 2029">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 data-bbox="252 2085 1481 2152">The auditor is not required to audit provisions (d) and (e) of the standard to determine facility compliance.</p>



115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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, which is completed prior to an employee assuming duty. Computer based training is provided for existing employees and contractors through two detailed training modules. This training is also repeated annually as part of the facility's in-service training requirements. Facility training record samples from the twelve-months prior to the audit demonstrate that four hundred sixty-four (464) facility staff have completed the annually required 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. Despite a recent internal audit report, dated August 2017, which indicated that some staff were unaware of the basic steps to take following an inmate PREA allegation; all staff who were randomly selected for formal interviews 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). Based on the observations during the audit tour and from interviews, it appears the facility took adequate steps to correct the observed deficiency during the two months between the internal audit and the PREA audit.</p> <p>Gus Harrison Correctional Facility does not house female inmates. The agency training materials that were provided to and reviewed by this auditor adequately cover the dynamics of sexual abuse for male and female inmates as required by provision (b) of the standard. From a previous audit at another MDOC facility that does house female inmates, the auditor is aware that 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 again noted that female inmates are not housed at the Gus Harrison Correctional Facility. The facility indicates that no staff have been reassigned from its exclusive female facility (Women's Huron Valley Correctional Facility) to Gus Harrison Correctional Facility. Based on a review of PREA training materials and a sampling of training records; the facility demonstrates compliance with provision (b).</p> <p>Gus Harrison Correctional Facility provided ample documentation that was reviewed by this auditor to verify that staff at the facility have completed the agency's computer based training on sexual abuse and sexual harassment in confinement settings. Employees are required to complete this training at a minimum of every two years as noted within the agency PREA Manual; however, the training is completed annually to aid in fulfillment of annual training requirements. During random staff interviews, all staff confirm that they receive PREA training as part of their annual PA415 training. As part of the facility's pre-audit documentation, it provided records of four hundred sixty four (464) staff completing this training as part of its annual in-service training requirements thus far. Training records and the agency training plans demonstrate compliance with provision (c) of the standard.</p>

Copies of the computer based training screen shots provided to this auditor verify that 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.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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. A total of four volunteers and contractors were formally interviewed onsite. Three of the four reported receiving this training as part of their orientation process. The fourth individual stated they completed the training at another facility. While this fourth individual struggled to identify what the agency's "zero tolerance policy" was, they confirmed that they were trained how to respond to inmate allegations. Additional contract staff were informally interviewed during the audit tour and were acutely aware of their responsibilities when responding to an inmate's allegations of sexual abuse or sexual harassment. In addition to the auditor's review of the training materials and interviews, the auditor requested and reviewed a sampling of training records across contractor and volunteer disciplines 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. Informal interviews in the facility kitchens with food service contractors verified that they were provided the employee training module for MDOC employees and, in addition to this training, the contract company (Trinity) developed its own internal form of PREA training that they were required to complete. An informal interview with the religious volunteer coordinator, while touring the facility Chapel, confirmed that the training procedures specified in policy are applied in practice with facility volunteers and stated that he ensures that each volunteer completes required training and orientation. Informal interviews during the audit tour with medical 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. Formal interviews with the four contractors and volunteers confirm they received required training. While one of four individuals struggled to identify what the agency's "zero tolerance policy" was, they confirmed that they were trained how to respond to inmate allegations. 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. The facility provided minimal training records for three of its volunteers pre-audit. The auditor requested print-outs of the facility's training rosters, post-audit, to confirm training of</p>

volunteers to demonstrate compliance with provision (c) of the standard. As of the date of this report, those records have not been received. Once received and upon the determination that such records demonstrate substantial compliance, the auditor will determine compliance with provision (c) of the standard.

Corrective Action Recommendations:

The Gus Harrison Correctional facility will be required to provide additional records to confirm that it maintains documentation of all volunteer and contractor trainings consistent with provision (c) of the standard. The auditor made a post audit request for these records; however, as of the date of this report, these records have not been received. Once requested records are received and demonstrate compliance with provision (c) of the standard; the auditor will determine compliance.

POST INTERIM REPORT CORRECTIVE ACTION:

Following the interim report, the facility provided the auditor with sufficient sample documentation to prove its compliance with provisions (c) of the standard. Specifically, the facility provided this auditor with requested sample documentation on January 22, 2018 to verify six sampled contract staff and five sampled volunteers had documentation that they completed and understood the training they received consistent with provisions (a) and (b) of the standard. The auditor does note that the delay associated with gathering this sample documentation was related to the timing of the request coinciding with a holiday period and absences of staff with access to gather facility specific requested documentation.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditor, address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. A review of these materials by the auditor, satisfies compliance with this element of provision (a). A formal interview with the person responsible for facility intake and orientation confirmed that she is responsible for providing written PREA information to all inmates during the intake process. For those inmates who reported that they have not viewed the MDOC's PREA educational video or those who are missing written documentation of comprehensive education, she requires each to view the video as part of the orientation process.</p> <p>Through interviews with the agency PREA Manager, it was reported that the agency provides comprehensive inmate education at the RGC reception center. All inmates that are received at Gus Harrison Correctional Facility will have passed through this facility for classification. Inmates who are transferred from that facility to the Gus Harrison Correctional Facility, will have received comprehensive education at RGC. During intake processing, each counselor is required to complete an immediate file review to ensure that documentation of this education session is located within. If documentation of this education is missing, the inmate is immediately scheduled for a repeat of this education at the facility.</p> <p>The facility provided minimal pre-audit sample documentation. To confirm facility practice, this auditor randomly sampled inmate files on the housing units and requested that MDOC staff show computerized movement records to verify that education was provided in a timely manner to demonstrate compliance with provision (a) of the standard. All randomly sampled files contained record of PREA education being completed.</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 Manager, the Warden and intake staff, it was reported that the MDOC has an intake facility, Charles Egeler Reception & Guidance Center (RGC), where intake is completed for prisoners who are assigned to the Gus Harrison Correctional Facility.</p> <p>Training documentation within files and most random inmate interviews confirm that education materials and the PREA video (Taking Action) are shown during the intake process at RGC. The intake staff indicate that they complete a file review at the time they perform the initial risk screening assessment and notify the classification director of an inmates who do not have records of training within their files and the video training would then be provided at the facility.</p>

The auditor observed that information is continuously displayed throughout the housing units on posters at the facility and is available in handbooks. The facility provided minimal pre-audit samples of inmate education verification forms and its statistical information within the PAQ did not accurately reflect reception figures. To verify compliance with this provision of the standard, this auditor randomly sampled inmate files on the housing units and requested that MDOC staff show computerized movement records to verify that education was provided in a timely manner. Inmate training receipts within the files, cross-referenced with MDOC transfer information were reviewed by the auditor and were found to demonstrate compliance with provision (b) of the standard.

Through interviews with the PREA Manager 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 Gus Harrison Correctional Facility. An interview with the agency PREA Manager 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. Random sampling of inmate training records requested by the auditor during the audit tour demonstrates the facility is in substantial compliance with the standard, with all randomly sampled files containing a signed record of PREA education. Informal interviews with prison counseling staff indicate that when such documentation is missing during the initial file review, the facility has procedures in place to ensure corrective action when records do not exist within inmates files. Specifically, the facility intake and orientation staff member is notified to schedule the individual for comprehensive education, thus satisfying the auditor's concerns that the facility has procedures in place to ensure that all inmates at the Gus Harrison Correctional Facility 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 Gus Harrison Correctional Facility submitted invoices from Realtime Translation Services as proof of its provision of interpretative services for disabled or LEP inmates during the intake education process. The facility also has a staff member who is fluent in Spanish, who is utilized to assist with translating for LEP inmates.

The Gus Harrison Correctional Facility specializes in the treatment of mentally ill and disabled inmates. Two of its North side housing units are run as specialized units for the mental health population. During random and specialized interviews with this population, it was readily apparent that, despite an acknowledgement of receiving comprehensive education; the inmate population struggled to retain what information was presented to them. Even when posters readily displayed relevant information required by the standards, the populations on this unit struggled to acknowledge their presence. The auditor did notice during the tour, that a majority of these inmates had personal televisions or utilized the day room to watch television. During the audit, the auditor mentioned this observation to facility staff and made the recommendation that the facility broadcast the PREA video on the inmate television channel at least once per month and include slides with PREA information between programs on the

inmate television channel to assist with retention of such required PREA information, to which the facility was agreeable. The auditor reviewed these training materials, the library inventory and interpretation invoices to determine compliance with provision (d) of the standard. As of the date of this report, the facility has not provided proof that it has implemented ongoing training efforts recommended by this auditor.

The agency and facility maintain documentation of inmate education via form CAJ-1036. As part of the facility's intake and receptions procedures, each new reception's file is reviewed and it is verified that the inmate has documented receipt of training within the file. Minimal pre-audit sample documentation was provided. The auditor randomly selected inmate files from housing unit counselor offices during the audit tour to verify that agency PREA training records existed within each sampled file and met timeliness requirements. For random selections, the auditor requested that the counselor pull up transfer movement reports, where sample records were matched against reception records to confirm that the agency and the facility document timely inmate participation in education sessions, 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 Gus Harrison Correctional Facility, these posters were visible throughout the housing units, common areas of the facility, work locations and even within a housing unit that was "mothballed" and not actively in use. 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 and prisoner guidebooks that are available for the inmate population to check out. Moreover, the facility also advertises the availability of these documents on housing unit bulletin boards to ensure that the inmate population is aware of their availability. Based on the efforts of the facility to actively advertise and promote PREA resources throughout all areas of the facility, this auditor determines compliance with provision (f) of the standard; however, it as noted under provision (d), the auditor is recommending enhancements to continuously available materials to also include regularly scheduled broadcasts of the agency's PREA video on the inmate television channel and short slides displaying PREA information between programs on the inmate television channel.

Corrective Action Recommendations:

Random interviews with specialized mental health unit inmates demonstrated that current educational efforts do not ensure long-term retention of required information to ensure sexual safety. While records confirm training is provided, additional efforts are deemed necessary to ensure this disabled segment of the population is adequately served. To ensure that its specialized mental health populations are adequately aware and informed of relevant PREA information, the auditor recommends that the agency's PREA video be played on the inmate television channel a minimum of once per month so that all inmates have continuous access to this information. Furthermore, the auditor recommends that PREA informational slides, containing reporting mechanisms and definitions of prohibited behaviors be displayed between programs on the inmate television channel. On December 1, 2017, the facility provided supporting documentation to affirm that the facility began playing the MDOC's PREA

educational video each weekend during count time to establish compliance with provisions (a) of the standard. Additionally, the facility developed three informational slides, advertising the availability of the RAINN support service, the Zero Tolerance Standard and reporting mechanisms, which air between programs on the institutional channel. The implementation of these items satisfies the auditor's concerns regarding educational efforts for intellectually disabled inmates.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 twenty-seven (27) active staff at the Gus Harrison Correctional Facility completed the agency's training. In addition to the agency's Basic Investigator Training, training records confirm that thirty-one (31) staff completed the NIC specialized investigator's training in satisfaction of provision (a) of the standard. Interviews with two investigative staff also confirm that they have received this training.</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, thirty-one (31) staff have participated in the NIC specialized investigator's training to provide additional information on the required standard topics. Interviews with two investigators during the site visit confirm that each understand the difference between Miranda and Garrity warnings, have a clear understanding of interview techniques, evidence collection, the need to refer allegations of sexual abuse to MSP and the criteria necessary to substantiate administrative PREA investigations. A review of training materials, interviews with investigators and training records for facility investigators demonstrates compliance with provision (b) of the standard.</p> <p>The agency maintains computerized documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by the auditor to verify that twenty-seven (27) active employees have completed the Basic Investigator Training; however, indicates through PAQ information that only 23 are potentially used for investigations. Training records were provided to confirm that thirty-one (31) staff, including the Basic Investigator trained 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	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies 02.05.100 and 02.05.101 establish 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 sexual harassment and facility reporting responsibilities for allegations of sexual abuse and sexual harassment. In response to a previous audit at another MDOC facility that this auditor participated in, the MDOC also provides training to all of its medical and mental health staff to serve as a qualified agency staff member, with respect to providing victim advocacy services in the event an individual needs such support. As such, medical and mental health practitioners with the MDOC receive training beyond the standard's minimal requirements.</p> <p>The facility provided computer training record documentation of sixty-six medical and mental health practitioners having completed the training modules related to their specific disciplines that were reviewed by the auditor. Through two formal and other 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 all sixty-six 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	Screening for risk of victimization and abusiveness
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 656">Policy 03.03.140, 05.01.140, 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. The auditor notes that the agency policies governing risk screening (03.03.140 and the PREA Manual) changed due to prior audits within the MDOC. These updated policies were effective approximately 5-1/2 months prior to the first day of the onsite audit. The updates to these polices now require that intake risk screening be completed for all inmates upon transfer to another facility and now comes into compliance with provision (a) of the standard.</p> <p data-bbox="252 712 1481 1128">Although the changes in agency policy were effective approximately 5-1/2 months prior to the onsite audit, the tracking log provided to the auditor and informal interviews with the regional PREA Analyst, indicates that the staff at Gus Harrison Correctional facility only consistently began tracking and completing risk screening procedures within the required timeframes for all new receptions approximately two months prior to the onsite audit. During the audit, three staff who conduct risk screening were interviewed and reported that they conduct intake risk screening procedures for all new receptions and do so within 72 hours. Due to the recent implementation of these required procedures, the need for post audit documentation of these procedures was required to demonstrate the facility meets the requirements of provision (a) of the standard were communicated to the facility at the exit briefing.</p> <p data-bbox="252 1184 1485 1514">Policy 03.03.140, 05.01.140, the PREA Manual and the PREA Risk Assessment Manual previously stated that an intake screening shall be conducted at reception centers during intake. The auditor notes that the agency policies governing risk screening (03.03.140 and the PREA Manual) changed due to prior audits within the MDOC. These updated policies were effective approximately 5-1/2 months prior to the first day of the onsite audit. The updates to these polices now require that intake risk screening be completed for all inmates upon transfer to another facility. These updates also include the requirement of completing this assessment within 72 hours, in compliance with provision (b) of the standard.</p> <p data-bbox="252 1570 1469 1771">Although the changes in agency policy were effective approximately 5-1/2 months prior to the onsite audit, the tracking log provided to the auditor and informal interviews with the regional PREA Analyst, indicates that the staff at Gus Harrison Correctional facility only consistently began tracking and completing risk screening procedures within the required timeframes for all new receptions approximately two months prior to the onsite audit.</p> <p data-bbox="252 1827 1461 2114">During the audit, three staff who conduct risk screening were interviewed and reported that they conduct intake risk screening procedures for all new receptions and do so within 72 hours. Minimal compliant sample documentation was available at the time of the onsite audit. Due to the recent implementation of these required procedures, the need for post audit documentation of these procedures was required to demonstrate the facility meets the requirements of provision (b) of the standard were communicated to the facility at the exit briefing.</p>

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 contains the required elements enumerated within provision (d) of the standard and 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 Manager, 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 Gus Harrison Correctional Facility house inmates solely for civil immigration purposes. An affirmative assessment of a risk factor that does not exist within the agency (civil immigration) was determined unnecessary. The PREA Risk Assessment Manual, which outlines the procedures for the use of the intake screening tool, clarifies that the remaining nine elements of the standard are affirmatively addressed within the intake screening process to demonstrate compliance with provision (d) of the standard.

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Manager, 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. All three interviews with staff who complete risk screening yielded evidence that each evaluates file information prior to conducting the risk screening to ensure that known predatory behavior and convictions are considered in the risk screening process.

The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for assessment completion. According to the risk screening manual, 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.

Although the changes in agency policy were effective approximately 5-1/2 months prior to the onsite audit, the tracking log provided to the auditor and informal interviews with the regional PREA Analyst, indicates that the staff at Gus Harrison Correctional facility only consistently began tracking and completing risk screening procedures within the required timeframes for all new receptions approximately two months prior to the onsite audit.

Formal interviews with individuals responsible for risk screenings confirms that reviews of the required risk assessments are completed within 30 days of the initial screening process for all new receptions under the revised agency policy. Prior to that, a review of the intake facility risk screening, also took place prior to 30 days.

Minimal compliant sample documentation was available at the time of the onsite audit. Due to

the recent implementation of these required procedures, the need for post audit documentation of these procedures was required to demonstrate the facility meets the requirements of provision (f) of the standard were communicated to the facility at the exit briefing.

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. All three staff who conduct risk screening explained that they would reassess an individual when there was an alleged incident of sexual abuse or when new information presented itself. While the facility did not provide sample documentation of such a reassessment, the auditor notes that consistent implementation of risk screening procedures were implemented approximately two months prior to the audit. Based on interviews with staff who conduct risk screening and policy, the auditor is satisfied that the facility has procedures in place to comply with provision (g) of the standard when warranted.

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 Manager, PREA Coordinator and staff responsible for conducting 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 Manager, PREA Coordinator and staff who conduct risk screening, only those staff with a role in the risk screening process 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. The results of the risk screening are shared only with housing unit staff responsible for determining bed assignments.

Corrective Action Recommendations:

Due to the limited records pertaining to compliant risk screening procedures at the time of the onsite audit, the Gus Harrison Correctional Facility is required to provide evidence that it has assessed each individual within 72 hours of reception, using its initial victim/aggressor instruments and reassessed 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 PREA Risk Assessment tracking spreadsheet. The auditor will select a minimum of three (3) randomly sampled inmates from this spreadsheet for each of three (3) months, beginning with assessments on receptions received at the facility subsequent to October 19, 2017. The auditor will require verification, via electronic assessment records, that each individual was

assessed within 72 hours and reassessed with 30 days of reception at the facility to demonstrate its compliance with provision (f) of the standard. If compliance is demonstrated during this period, the auditor will be satisfied that the matter has been corrected. The facility provided its first round of compliant assessments for randomly selected inmates on December 1, 2017, verifying that initial and follow-up assessments were conducted within applicable time frames and verifying the veracity of the risk assessment tracking log.

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report, the agency's PREA Analyst with oversight of the facility, provided a copy of the facility's risk screening database on January 18, 2018. Within the database, there were ten individuals who were noted as reporting victimization during risk screening and accepting the offering of follow-up medical and mental health services. Documentation was requested for these ten individuals to verify the timeliness of risk screening within 72 hours and 30 days, as well as documentation that the individuals were seen for medical/mental health contacts as required by standard 115.81. The facility provided samples of requested risk assessments to prove that assessments were completed with 72 hours and 30 days; verifying the veracity of the facility's risk screening database dates. The facility was also able to provide screenshots of the electronic medical records to verify that individuals requesting follow-up mental health services were seen by mental health practitioners specifically for the disclosed victimization within 14 days for six of the ten individuals. While contact notes existed for remaining individuals; there was an absence of record within said notes to specifically verify the meeting specifically addressed the disclosed victimization during risk screening.

The agency PREA Analyst provided the next round of the facility's risk screening data base, covering through April 2, 2018 on April 3, 2018. On April 5, 2018, the auditor sent a list of sample requests. Specifically, this random sample request included fourteen individuals from each month from the period of November 2017 through March of 2018 who would be due for both 72 hour and 30 days risk assessments. The facility was required to send screenshots of its electronic risk screening program which logs the date of the assessment to confirm the veracity of the risk screening dates recorded within its electronic risk screening database. Additionally, the auditor randomly sampled three individuals who accepted services as required by standard 115.81. The auditor received the requested risk screening sample and mental health contact documentation on May 4, 2018. The samples again authenticated the dates recorded on the facility's risk screening databased.

Having established the veracity of the risk screening database, the auditor further analyzed the database to measure compliance with the timeliness provisions of 115.41. There were 1007 entries to the facility who remained at the facility for 72-hours or greater. The auditor observed that only nine of these individuals did not have their intake screening logged as completed within that 72 hour period. The auditor determines that the 99.1% timely completion rate demonstrates substantial compliance with provision (b) of the standard. There were 866 entries to the facility who remained at the facility for 30 days and who completed the required reassessment. During a review of the database, the auditor observed three entries where reassessments were not completed within 30 days of facility entry. The auditor determines that the 99.6% timely completion rate demonstrates compliance with provision (f) of the standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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. Following previous MDOC audits by this auditor, the agency also issued an agency-wide memorandum to prohibit the pairing of identified Aggressors and Potential Aggressors with Victims or Potential Victims in isolated work assignments or those work areas with any blind spots that could enable sexual abuse. Recent agency wide revisions to policies 03.03.140 and the PREA Manual now ensure that a 72-hour intake screening process for all incoming inmates is in place and negates the opportunity for key aspects of vulnerability to go undetected consistent with the intent of provision (a). It is noted, however, that the Gus Harrison Correctional Facility only consistently began completing this required intake screening approximately two months prior to the onsite audit. Therefore, consistent institutional practice had not been established by the time of the onsite audit.</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 and concurrent placement of these inmates in vulnerable work assignments, such as the greenhouse within the facility. The auditor is satisfied with the high level of supervision and camera coverage in the housing units, programming, education and most work site buildings to ensure that any risk identified by the screening tool is outweighed by the intensive staff to inmate ratio, direct observation and 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 formal interviews with transgender inmates provides conflicting information regarding if or how the facility makes individualized determinations to ensure the safety of each inmate, consistent with provision (b) of the standard. Specifically, an interview with a transgender inmate indicated that the facility did not ask questions pertaining to their individual safety; however, also stated that those safety decisions were already approved and in place from the inmate's previous facility. A second interview with a transgender inmate did indicate that the facility did ask pertinent questions regarding their individualized safety needs. However, when further questioned on individual accommodations, such as private showering, three of the four transgender individuals stated they were approved for private showering accommodations, while the fourth stated they did not wish to request this accommodation. Provided that the facility only consistently implemented its risk screening procedures approximately two months prior to the audit, it stands to reason that conflicting information would be present.</p> <p>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. As part of its pre-audit</p>

documentation, the facility provided sample documentation regarding the review of work assignments, where potential victims and potential abusers were assigned in a vulnerable work area that does not have a high level of supervision or camera coverage. The facility demonstrated that it removed the potential abusers from this work assignment to comply with provision (b) of the standard. During the audit tour, housing unit staff stated that they have the ability to move those individuals they perceive to be vulnerable or aggressive within the housing units to areas where they are within earshot of the officer's station for an additional level of monitoring. 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. An interview with the facility PREA Coordinator reveals that he is aware of the need to ensure individualized safety determinations are made for each inmate, not only for housing, but for all assignments for work, education and programming. The facility demonstrates that it has procedures in place to meet the requirements of provision (b) and with consistent application of the requirements of the risk screening procedures within standard 115.41, it will fulfill its obligations with this provision.

At the time of the initial audit, the PREA Manual and policy 04.06.184 GENDER DYSPHORIA, were reviewed by this auditor. Both contained language and provisions to satisfy the standard requirements that the agency make case by case determinations for transgender and intersex housing and programming assignments consistent with provision (c). The facility provided a pre-audit sample of the facility's health care services review of a transgender inmate's placement on form CHJ-339. The auditor notes this review appears to be from a medical/mental health perspective and considers the inmate's health and safety. The PREA Coordinator at the facility states that transgender inmates are reviewed for initial placement at a male or female facility when they pass through the MDOC's Charles Edgar Reception and Guidance Center (RGC), where all inmates complete classification. A formal interview with a transgender inmate confirmed this report, inasmuch as she stated that accommodations were made for her prior to arrival at Gus Harrison Correctional Facility, consistent with provision (c).

Policy 04.06.184 and the PREA Manual were reviewed by the auditor. Policy indicates that placement and programming assignments for transgender, intersex and Gender Dysphoric inmates will be reassessed twice yearly by facility medical or mental health staff. The facility's pre-audit sample documentation included an example where a transgender inmate was reviewed by mental health practitioners four times between January and August of 2017. These reviews were recorded on an updated case management plan. It is noted that during these reviews, the practitioners addressed a case management issue where the transgender individual was not being provided access to private showering opportunities due to the housing unit not being provided with a copy of the updated Gender Dysphoric management plan which approved the accommodation. The PREA Coordinator at the facility reports that transgender inmates are formally reviewed at a minimum of twice per year.

While there are inconsistent reports during formal interview with transgender inmates with respect to the facility reviews, documentation provided supports that ongoing assessment is taking place. It appears likely that the review by medical or mental health practitioners may not clearly resonate with the inmates that a facility review has taken place. This auditor is satisfied, through a formal interview with the PREA Coordinator and supporting documentation that there is ongoing assessment of individualized needs of transgender inmates consistent with provision (d).

The PREA Manual and the recently updated 04.06.184 GENDER DYSPHORIA policy were reviewed by the auditor. Both documents provide for a transgender or intersex inmate's own views to be considered in the placement and accommodation provision process. Policies indicate that these decisions are made by the Gender Dysphoria Collaborative Review Committee, chaired by the agency's chief medical and psychiatric directors.

Case management documentation supports the process outlined in policy is executed as described. Case management review documentation also highlights the frustrations of the reviewed transgender inmate, while awaiting approval for accommodations relative to private showering to be approved under this process. Formal interviews with transgender inmates, do not formally acknowledge that the facility asked specific questions regarding safety; however, subsequent responses pertaining to the provision of accommodations, such as showering privately, implies that such action occurred, as such an accommodation is required to be approved at the agency level.

Based upon the formal interview with the transgender inmate, the facility PREA Coordinator 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. A review of pre-audit documentation that the facility provided confirms that the facility permits transgender inmates to shower separately. Specifically, form CHJ-339 for the sample placement reviews both had the checkbox indicating that the inmate required "special provisions" for showering in "relative privacy". During the audit tour, informal interviews with staff at the facility and a formal interview with the facility PREA Coordinator indicate that transgender inmates can shower during count time when all other inmates are locked in their cells. Three of four interviews with transgender inmates confirm that they were approved for private showering, while the fourth indicated they did not wish to request this accommodation; demonstrating 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 Manager 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, privacy and medical care to meet their transitional needs.

The PREA Manager stated in an interview that the agency does not have 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 Gus Harrison Correctional Facility confirmed the facility takes no steps to house LGBT inmates in dedicated units or facilities. Interviews with transgender inmate revealed that they have not been placed in a dedicated unit by the agency during her incarceration.

The facility and the agency practice demonstrate compliance with provision (g) of the standard and the auditor makes the determination that the Gus Harrison Correctional Facility is in compliance with this provision of the standard.

Corrective Action Recommendations:

The Gus Harrison Correctional Facility is required to provide evidence of consistent implementation of a 72-hour intake screening process to screen all new receptions and transfers into the facility, as required by standard 115.41 to demonstrate full compliance with 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. 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 facility is required to reassess each individual within 30 days of receipt at the facility by using its established 30-day review process.

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report and as specifically addressed under standard 115.41, the facility complied with the corrective action recommendation to institutionalize the operations of conducting 72 hour and 30 day risk screening assessments on all transfers to the facility. As described under standard 115.41, the facility provided its risk screening database, which was authenticated via random sampling. The database demonstrated a compliance rate of over 99% with both assessment types; therefore, the auditor is satisfied that the facility is using the most recent and accurate assessment information available in compliance with all provisions of 115.42.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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>Through pre-audit memorandum, the facility reports that no inmates have been placed into involuntary segregation for risk of victimization. The Warden stated in an interview that segregation is not used to protect inmates at high risk of sexual victimization unless it is the only means of keeping an individual safe. In those circumstances, such placement is limited to a very short period (less than 24 hours), before the inmate can be reviewed by the security housing committee for appropriate housing within the facility or transferred to another location that can afford safety. The Warden stated that he has been at the facility in his position for approximately eight months at the time of interview and during that time, he denies that segregation was required to ensure the safety of a potential victim. During the audit tour, the auditor noticed that the facility has multiple housing options and a distinct North and South side of the facility that provides ample opportunity for intra-facility separation if necessary. The auditor is satisfied that the facility refrains from placing inmates at high risk of victimization in involuntary 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, and education and work opportunities. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. During the audit, the staff of the segregation units at Gus Harrison Correctional Facility explained that any inmate placed into temporary segregation for PREA purposes would be treated just as any other prisoner placed into temporary segregation. This response implies that limitations to opportunities noted within provision (b) of the standard are possible.</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 regardless of the reason for placement into segregation. The facility reports that no inmates have been placed into involuntary segregation for protection from victimization or following a report of sexual abuse. 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.</p> <p>The facility reports, through interviews with the Warden and 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 the facility has a number of options to consider prior to the use of involuntary segregation. The Warden stated that involuntary segregation would</p>

be an option of last resort; however, if an inmate were placed into involuntary segregation due to risk of victimization, the facility would have the security review committee identify an alternative means of managing the inmate within 24 hours and get them out to another area or facility.

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.

The facility reports through memorandum and interviews with the Warden and 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. 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	Inmate reporting
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 618">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 data-bbox="252 667 1484 1261">The facility provided minimal pre-audit sample documentation, however, those samples did include a report via grievance, a report to the Legislative Ombudsman and a direct report to a staff member. During a review of facility investigations, the auditor found multiple examples of investigation predication, to include referrals from request slips, grievance referrals, letters to the Internal Affairs office, allegations reported to the Legislative Ombudsman and verbally reported incidents to staff members. 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. Thirty-six of forty-one random inmates who were formally interviewed were able to affirmatively identify at least two reporting methods available to them without prompting. Most of the inmates formally 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 data-bbox="252 1310 1484 1646">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. During the onsite audit, the auditor reviewed facility investigations and noticed that all forms of inmate reporting were evident in the predication to facility investigations to demonstrate compliance with provision (a) of the standard.</p> <p data-bbox="252 1695 1484 2031">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. The facility provided sample documentation to verify that a report was received from the Legislative Corrections Ombudsman during the audit period.</p> <p data-bbox="252 2080 1484 2157">During an interview with the facility PREA Coordinator, he identified that the facility has an agreement with RAINN to post their phone number and will receive reports back from this</p>

source. The agency 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; however, it is clearly noted within the prisoner guidebook that this resource is available. Moreover, the facility provided documentation of investigatory referrals that originated with allegations being made to the Legislative Ombudsman. Inmates were also aware of a phone number to make reports outside the facility. Twenty-seven of forty-one inmates were able to affirmatively identify their ability to make anonymous reports without prompting. During the tour, inmates who were informally interviewed were aware of the reporting hot-line and their ability to make anonymous written reports. Again, the 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. During the onsite portion of the audit, facility investigations were reviewed and demonstrated that the facility accepts reports that were made verbally, in writing (via grievance or other note) and from third parties. Through informal interviews during the audit tour, 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. Thirty-nine of forty-one inmates that were formally interviewed were aware of their ability to make reports to staff and were confident that action would be taken on said reports. Although some randomly interviewed inmates tended to require prompting to affirmatively state their knowledge that family members or other third parties could make reports on their behalf, evidence within investigatory files pertaining to the predication of facility investigations indicates that reports received and forwarded by third parties were acted upon, 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 to educate staff on the means for making private reports, most staff reported during formal and informal interviews that they were comfortable making reports directly to through the chain of command and considered their chain of command to sufficient to protect their privacy.

During a review of facility investigations, the auditor noted ample documentation to confirm that staff did act upon reports received from inmates and reported PREA allegations through the facility's chain of command. Random interviews of staff confirmed they were aware of private means to report, by skipping the chain of command and identified the hot-line, direct reports to the PREA Coordinator, administrative staff at the facility, or other supervisors as their methods to privately report sexual abuse and harassment of inmates consistent with provision (d) of the standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency utilizes administrative procedures to address sexual abuse and is not exempt as specified in provision (a) of the standard.</p> <p>Updated policy 03.03.140, the PREA Manual and DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which were 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 policy 03.03.140, the PREA Manual and the Director's Office Memorandum were 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>Updated policy 03.03.140, the PREA Manual and DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which were 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. Updated policy 03.03.140, the PREA Manual and the DOM specifies that the grievances will not be referred to the staff member subject to the complaint within. The prisoner guidebook and the traditional grievance policy (03.02.130) do not contain language specific to provision (c) of the standard. The it is noted that updated policy 03.03.140, the PREA Manual and DOM establishes procedure for sexual abuse grievances that will not follow the traditional grievance process outlined in policy 03.02.130. Grievances may also be submitted in locked boxes throughout the facility. During the onsite audit, the review of investigations revealed that many were initiated by inmate grievance forms and those incidents were not required to be submitted to nor were they answered by the staff member who was subject of the complaint.</p> <p>Updated policy 03.03.140, the PREA Manual and DIRECTOR'S OFFICE MEMORANDUM 2016 – 29, dated April 27, 2016, which were 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 Manager 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 facility provided pre-audit sample documentation to confirm that they provided a response</p>

to an emergency grievance with notice of investigation within two days of when the grievance was received. The final agency determination was provided on the same date. The facility found that imminent risk was a possibility and reassigned the staff member during the investigation to protect the inmate.

The auditor reviewed investigations onsite and took a random selection of investigatory files for more in-depth analysis post audit. Eight of the sampled files were initiated via inmate grievance. In all cases, the alleged victim received a written response to their allegations within 90 days of the initial grievance being received. Only one investigation took the full 90 days to receive a response. The remaining seven were typically responded to within a 45 to 60 day timeframe.

A review of updated policy 03.03.140, the PREA Manual and the agency DOM and facility investigations demonstrates that facility practice is in compliance with provision (d) of the standard.

Updated policy 03.03.140, the PREA Manual and the DOM, which were reviewed by the auditor in determining compliance with provision (e) of the standard, permits that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. 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. The facility provided a pre-audit memorandum to confirm that the facility did not receive a 3rd party grievance during the audit period. A review of investigations did not refute this claim. Through review of updated policy 03.03.140, the PREA Manual and 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.

The auditor reviewed pre-audit sample documentation and confirmed that a notice of investigation and a final agency determination was provided to an inmate within two days of their emergency grievance being received. Through the review of investigations, the auditor found two examples of the facility's failure to promptly respond to emergency grievances. The auditor notes that both of these instances occurred between November and December of 2016. All subsequent investigations that were reviewed by the auditor contained the required emergency grievance responses within the proper timeframes denoted within provision (f) of the standard. This brief period of non-compliance that appears to have subsequently been corrected is not sufficient to find the facility in non-compliance with this provision of the standard.

Updated policy 03.03.140, the PREA Manual and the DOM, which were 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. Updated policy 03.03.140, the PREA Manual and 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 Manager regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance. The sample documentation reviewed by this auditor verified that the facility did process the emergency grievance in accordance with provision (f) of the standard, determined the inmate was at substantial risk of victimization and reassigned the staff member involved in the allegation until the investigation was complete. The final agency determination supported this finding. As previously stated, all reviewed investigation containing emergency grievances filed after December of 2016 contained the appropriate facility and agency responses within the required timeframes.

Updated policy 03.03.140, the PREA Manual and the DOM establishes procedure for the processing of any emergency grievance in accordance with the requirements of provision (f) of the standard, the facility's supporting documentation and this auditor's review of investigations revealing compliant practices after December of 2016 satisfies this auditor's determination of compliance.

Updated policy 03.03.140, the PREA Manual and the DOM, which were 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 auditor reviewed investigations predicated upon a report received via grievance and found no evidence that the facility disciplined an inmate for filing a grievance that could not be sufficiently ruled out through objective evidence. Through a sample of investigations predicated by grievance, the facility demonstrates that it disciplines inmates in accordance with the requirements of provision (g) of the standard to satisfy this auditor's determination of compliance.

115.53	Inmate access to outside confidential support services
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 913">Through interviews with the PREA Manager 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. Documented attempts to reach an agreement with the Detroit Rescue Mission Ministries and the Michigan Coalition to End Domestic and Sexual Violence at the agency were provided and reviewed by the auditor in determining compliance with provision (a). Additionally, the agency was approved by the Rape, Abuse & Incest National Network (RAINN) to provide access to its telephone sexual abuse counseling/advocacy services. Postings of the phone number were observed during the audit tour and as part of its efforts to improve its inmate educational efforts, the facility has developed an informational slide that advertises the number and service on the inmate television channel. The facility has not been able to provide proof that it secured a formal agreement with local victim advocacy services from an outside agency to provide local services; however, has documented its attempts to do so, consistent with provision (a) of the standard.</p> <p data-bbox="252 969 1477 1216">While no formal local 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 or the RAINN hotline.</p> <p data-bbox="252 1272 1477 1731">Randomly sampled inmates struggled to affirmatively identify the An End to Silence resource guide within the facility library; however, at this auditor's suggestion during a previous audit within the agency, the facility began advertising the availability of this resource on inmate bulletin boards within the housing units. During the audit tour, this auditor noted that one of these notices were prominently displayed within each housing unit; ensuring that the inmate population is meaningfully informed of the availability of this resource. The specialized inmates who were interviewed due to their reported sexual abuse failed to identify available services, despite advertised postings of the RAINN hotline number and the availability of the An End to Silence resource guide. 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 and access to the RAINN hotline number in the absence of a formal agreement with local advocacy services.</p> <p data-bbox="252 1787 1477 1989">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 data-bbox="252 2045 1477 2157">Documented attempts to reach an agreement with the Detroit Rescue Mission Ministries and the Michigan Coalition to End Domestic and Sexual Violence at the agency level and were provided and reviewed by the auditor in determining compliance with provision (c).</p>

Additionally, the agency received verbal permission from the Rape, Abuse & Incest National Network (RAINN) to provide telephone sexual abuse counseling/advocacy services; however, no formal agreement is in place. The facility has not been able to provide proof that it secured a formal agreement with victim advocacy services from an outside agency; however, has documented its attempts to do so. In addition to its posting of the RAINN hotline, the facility also provides access to "An End to Silence" for state organizational contact information within the facility library. Agency PREA Analysts state that the agency has not had success forming formal partnerships with rape crisis organizations due to funding streams for these organizations prohibiting work with individuals who may also be perpetrators.

The facility PREA Coordinator, email documentation and an interview with a representative from the Promedica/Bixby hospital confirms that a rape crisis advocate is available through the hospital for forensic examinations. Additionally, the facility has trained and qualified facility staff members to provide advocacy services either during forensic exams or investigatory interviews in the absence of a formal rape crisis service agreement with a local advocacy organization. Based upon its documented attempts with the aforementioned agencies and the facility's provision of access to RAINN and the resources within the An End to Silence handbook, the facility is determined compliant with provision (c).

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 investigatory examples that were predicated upon 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. Although the facility indicated that they did not receive any third-party allegations during the audit period, the auditor notes that, in advance of the audit, the facility provided sample documentation to demonstrate how an investigation was initiated based on a third party report to the Legislative Ombudsman. The auditor also discovered an investigation that was initiated after a letter was sent by an inmate to the Internal Affairs office at the agency's Central Office. Based on a review of the aforementioned, compliance with provision (a) of the standard was determined.</p>

115.61	Staff and agency reporting duties
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 786">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 Gus Harrison Correctional Facility are responsible for making reports to their immediate supervisor and documenting their actions as soon as possible. The facility provided a pre-audit sample to confirm that staff took a report of sexual abuse from an inmate to initiate an investigation. During the onsite audit, the auditor found additional evidence of verbal and written reports to staff being acted upon and referred for investigation. 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 data-bbox="252 842 1469 1167">Policy 03.03.140, local procedures 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 data-bbox="252 1223 1477 1682">Policy 03.03.140, local 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 consistent with provision (c) of standard to demonstrate compliance. The auditor also wishes to recognize the creative efforts of the agency to ensure that all inmates are aware of the limitations on confidentiality. Specifically, the auditor observed in each medical and mental health clinician office areas that a sign prominently displayed the limitations of confidentiality for medical and mental health providers.</p> <p data-bbox="252 1738 1473 1984">Agency policy 03.03.140, local 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 Manager 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 data-bbox="252 2040 1414 2152">The Warden stated in an interview that juvenile inmates are not housed at this facility and there has been no experience reporting such an allegation. The agency PREA Manager confirms in an interview that mandatory reports are forwarded to his attention and he is</p>

responsible for making the report to the mandated agency.

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

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 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 allegations made to the Legislative Ombudsman. Investigative reviews provided adequate examples of written, verbal, grievance and 3rd party allegations that were immediately forwarded to the attention of investigatory staff. An interview with the Warden and investigatory staff confirm that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on the foregoing, the auditor determined compliance with provision (e).

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 05.01.140, local procedure 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 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, indicating that they would isolate the potential victim from the immediate threat, notify a supervisor and look for a housing unit change. One of fourteen randomly interviewed staff indicated that the inmate could end up in protective custody for this scenario. However, the auditor notes that this randomly interviewed staff does not have the supervisory authority to place an inmate into segregation for protection.</p> <p>The facility provided pre-audit sample documentation to demonstrate housing unit changes between two inmates following a PREA allegation between the two inmates. Although not provided by the facility, the auditor also found evidence in the with the facility's response to an emergency grievance that it took action to separate a staff member from an inmate during the course of investigation when they determined a credible threat. Based on interviews and supporting documentation of action take to protect potential sexual abuse victims, the auditor determines compliance with provision (a) of the standard.</p>

115.63	Reporting to other confinement facilities
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1485 790">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. The recently updated 03.03.140 corrected a previous policy deficit and now specifies that allegations must be forwarded by the facility head to facilities outside of the Department, making the agency policy compliant with provision (a) of the standard. Prior to the audit, the facility provided an example of a report received regarding another confinement facility, which was forwarded by the Warden to the Warden of the affected facility; however, five days after it was received. This auditor requested additional samples; however, none were provided. Given that the facility only consistently began implementing its intake risk screening procedures within the timeframes specified by 115.41 approximately two months prior to the audit, it stands to reason why additional samples may not exist.</p> <p data-bbox="248 842 1477 1261">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. Prior to the audit, the facility provided an example of a report received regarding another confinement facility, which was forwarded by the Warden to the Warden of the affected facility; however, five days after it was received. This auditor requested additional samples; however, none were provided. Given that the facility only consistently began implementing its intake risk screening procedures within the timeframes specified by 115.41 approximately two months prior to the audit, it stands to reason why additional samples may not exist to demonstrate compliance with provision (b) of the standard.</p> <p data-bbox="248 1312 1465 1431">The PREA Manual and agency policy 03.03.140, which were reviewed by the auditor, require that such notifications are made within 72 hours. The facility example reviewed by the auditor was forwarded via email to demonstrate compliance with provision (c) of the standard.</p> <p data-bbox="248 1482 1477 1989">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 provided sample documentation of an allegation being forwarded by another facility to the Warden of Gus Harrison Correctional Facility. The Warden subsequently ordered an investigation consistent with provision (d) of the standard. When reviewing sampled investigations, the auditor found an additional example of the Gus Harrison Correctional Facility responding with an investigation following notification from another facility within investigation #20020.</p> <p data-bbox="248 2040 735 2076">Corrective Action Recommendations:</p> <p data-bbox="248 2128 1409 2163">The Gus Harrison Correctional Facility has adequate procedures to ensure that it notifies</p>

other facilities of sexual abuse allegations it receives; however, the provided example occurred outside the standard's 72-hour requirement. To become compliant with the standard, the facility will need to demonstrate that it forwards all notifications to other correctional facilities within 72-hours of receipt. Compliance will be measured through the facility sending copies of all notifications to other facilities during the first 90-days of the corrective action period. If the facility demonstrates that all reports are made in accordance with the standard's timelines, the auditor will find compliance. Should no example present itself during this time period, corrective action will continue until sample documentation exists or the exhaustion of 180 days.

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report, the facility demonstrated compliance with provision (b) of the standard by forwarding a report of sexual abuse occurring at another facility within 72 hours of its receipt. Specifically, the facility was in receipt of a report of sexual abuse occurring at another MDOC facility in 2012, on February 1, 2018. The Warden forwarded this notification to the Warden of the affected facility on February 2, 2018 to demonstrate compliance with the timeliness provision of the standard.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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. On the PAQ, the facility reports that no incidents were reported within a timeframe that would have allowed for the collection of forensic evidence during the audit period. The auditor's onsite review of investigations supports the facility's assertion; however, it was reported that an incident occurred immediately prior to the onsite audit where an examination was required. The investigation was just starting at the time of the audit.</p> <p>The auditor requested to take twelve facility investigations for in-depth analysis, following the onsite audit. While all allegation within the files were reported well after the alleged incidents, within each of the investigatory files, there was documentation to confirm that all victims were separated from alleged abusers, either through housing unit transfers or staff reassignments following alleged incidents of sexual abuse.</p> <p>An interview with a staff member who acted as a first responder for an incident that occurred just prior to the onsite audit, indicated that as soon as the allegation was known, immediate action was taken to separate the alleged victim and abuser by having the alleged abuser taken to another housing unit. The alleged victim presented with a paper towel that he claimed had bodily fluids as evidence of the abuse. The first responder reported that they placed gloves on, took the evidence from the alleged victim and placed it into a paper bag for evidence. The first responder retained the evidence until directly turned over to the Michigan State Police, who responded to the facility. The first responder ensure that the alleged victim did not brush their teeth, wash or take action to destroy evidence. Medical staff responded to the incident before the alleged victim was transported to the outside hospital for a forensic examination. MSP collected clothing from the alleged victim at the hospital.</p> <p>During the audit tour, the auditor informally interviewed staff and questioned them about their first responder responsibilities should an incident of sexual abuse be reported to them. All staff understood their responsibility to ensure safety by separating victims and abusers and the need to preserve and protect evidence.</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 Gus Harrison Correctional 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</p>

during the audit period that would have responded to an incident within the timeframes where forensic evidence was able to be collected. 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.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has developed its own operating procedures for agency policy 03.03.140. The document titled 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 facility staff in coordinated manner to find compliance with provision (a) of the standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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. Moreover, through a review of facility investigations, the auditor found evidence to support that the facility demonstrates that it exercises its ability to reassign or prohibit contact between staff and alleged victims pending investigation.</p> <p>The auditor is not required to audit provision (b) of the standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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 Gus Harrison Correctional Facility, the Assistant Residential Unit Supervisor (ARUS) or Prison Counselor (PC) 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 Manager, 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>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 that the facility separates individuals involved in allegations and monitors for retaliation. The facility has multiple housing units of each security level and a distinct North and South side to the compound, where the involved parties can be moved. There was evidence within each sampled investigatory file to confirm that individuals were separated by housing unit transfers or staff reassignments. He also stated that, should retaliation be noticed, an investigation would ensue. The PREA Coordinator 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>The auditor determines compliance with provision (b) of the standard based on the cited interviews, policy provisions to ensure multiple monitoring measures are employed and facility protection measures it demonstrated within its investigatory files, following allegations of sexual abuse and sexual harassment.</p> <p>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</p>

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 for documentation of retaliation monitoring. Within one of the sampled investigation, there is a notation of suspected retaliation in investigation #19228. Specifically, following an allegation of staff on inmate sexual abuse, the alleged staff member was mistakenly assigned to the alleged victim's housing unit. The alleged victim reported to the ARUS who was monitoring for retaliation that the alleged abuser was calling him names. The ARUS notified shift command and the Residential Unit Manager (RUM) of the need to reassign the alleged staff member. Despite the unfounded disposition occurring during the timeframe of week 9 of the monitoring and the ability to discontinue such monitoring; the ARUS continued, monitoring until the full 90 days concluded.

Through a review of twelve investigation files, the auditor found that four of the files were missing documentation of retaliation monitoring. However, the auditor does acknowledge that two of these investigations were misclassified as sexual harassment by the facility. As such, monitoring would not have been required by provision (c) of the standard. This leaves two instances out of ten files where monitoring should have been completed; however, was absent from the file. The auditor notes that one of these instances was from the very start of the audit period and the second occurred towards the middle. After being notified of the missing documentation, the facility was able to later provide documentation for retaliation monitoring in investigation #20911, leaving only one investigation with missing documentation. Based on substantial compliance for the majority of the audit period and most significantly, the later portion of the audit period, this auditor finds sufficient practice to determine compliance with provision (c) of the standard.

The Warden at the facility 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 includes documented face-to-face contacts with applicable parties during the monitoring period. The facility monitors each individual on a weekly basis for a total of thirteen weeks. The auditor notes that in one instance, the alleged victim reported to the monitoring ARUS in one of the documented face-to-face contacts, a potential concern for retaliation. The monitoring staff took prompt and appropriate action to resolve the potential for retaliation to occur. In all instances where retaliation monitoring was completed, face-to-face contacts were documented on the MDOC's retaliation monitoring form.

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 facility reports that no other individual, aside from the victim/complainant expressed a fear of retaliation or requested monitoring for

retaliation. A review of investigatory files did not reveal evidence of any other individual expressing concern for retaliation. 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. The auditor relied upon interviews, a review of investigations and policy provisions 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. Despite the ability to discontinue monitoring, a review of investigations revealed one instance where the facility continued to monitor individuals despite an unfounded finding; however, the remainder of sampled investigations revealed that retaliation monitoring ceased upon the determination that an allegation was unfounded. Actions taken by the facility are consistent with provision (f) of the standard.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor reviewed the PREA Manual in determining compliance with the standard. The PREA Manual contains language consistent with conditions with standard 115.43. The facility indicates that no inmate victims of sexual abuse have been placed into segregated housing for greater than 24 hours. Through a review of investigations, the auditor discovered that no victims were placed into administrative segregation following an allegation of sexual abuse. In all sampled investigations, protection was ensured through housing unit transfers of the alleged victim, alleged abuser or reassignment of staff consistent with the standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Updated agency policy 03.03.140 and the PREA Manual were reviewed by the auditor in determining compliance with provision (a). These documents indicate that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, it shall be investigated. Staff shall ensure all allegations are referred to the appropriate law enforcement agency 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>Interviews with facility investigators confirm that investigations are required to be initiated within 72 hours of report; however, facility practice is that preliminary actions, such as downloading of video and securing of documentation (i.e. log books, etc.) begin immediately. 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>This auditor raised concerns over meeting the thoroughness element of provision (a) in prior audits within the agency through the use of an investigative questionnaire with suspects, victims and witnesses; leading to updated policy 03.03.140, where physical interviews are required with all applicable parties in the investigation. 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. The lack of an in-person interview with key participants within an investigation diminishes the potential for meaningful testimonial evidence to be obtained 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. The auditor notes that updated policy where in-person interviews are required, was effective April 24, 2017.</p> <p>This auditor reviewed investigations onsite and took a sample of twelve for in-depth analysis post audit. These investigations covered the range of the audit period. This auditor makes note that five of those twelve investigations (#19403, 19469, 19474, 20911 and 21031) relied on the use of an investigative questionnaire for staff interviews. The auditor makes the distinction that investigations #19403, 19469 and 19474 were completed prior to the agency policy's update in April 2017. However, investigations #20911 and 21031 were completed after the policy change went into effect, where face-to-face interviews were required. Specifically, in investigation #20911 questionnaires were issued between May 25, 2017 and June 1, 2017 for</p>

staff interviews, over one month after the policy change was effective. In investigation 21031, questionnaires were issued to involved staff on July 2, 2017 and July 5, 2017.

While seven of twelve facility investigations revealed ample evidence of pertinent parties being interviewed as required by the standard, the auditor is concerned about the sole reliance on investigative questionnaires with staff suspects and witnesses in two investigations initiated after policy required in-person interviews. The auditor does note that the facility routinely reviewed video surveillance, review applicable phone logs and sought physical evidence in its pursuit of thoroughness.

While formal interviews with facility investigators confirmed that it is practice for all parties to be interviewed, it is noted that the two non-compliant investigations were completed by trained management staff, who do not have the primary function of completing investigations. Based on the use of a previously identified non-compliant investigatory practice following the change in agency policy, the auditor determines that the facility will require corrective action to meet the requirements of provision (a) of the standard. The auditor recommended that a formal training memorandum be issued to all investigators and each will be required to sign and acknowledge the requirement to complete investigations consistent with the policy revisions in 03.03.140 and provisions (a) and (c) of the standard. The facility provided a training memorandum, which the auditor found sufficient; however, signed records from all facility investigators have not yet been provided as of the date of this report.

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.

Gus Harrison Correctional Facility provided records, reviewed by the auditor in determining compliance with provision (b) of the standard, to demonstrate that it has twenty-seven (27) current investigators on staff who completed the MDOC's Basic Investigator's Training course. A total of thirty-one (31) investigators completed the NIC Specialized Investigator's course.

Interviews with facility investigators demonstrated knowledge of Miranda and Garrity warnings. Both articulated considerations for interviewing sexual abuse victims, evidence collection techniques to preserve forensic evidence and knowledge of the preponderance of the evidence standard. Their knowledge was indicative that he understood the essentials of the training required under provision (b) of the standard.

The MDOC's basic investigator'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. Agency policy 03.03.140 and the PREA Manual, which were recently updated, outline the agency's goal to comply with the all elements noted in provision (c). As noted under provision (a) of the standard, facility practice and a review of investigations demonstrates that the facility is not in substantial compliance with this provision of the standard. Specifically, the use of the investigative questionnaire for relevant staff interviews in five of twelve sampled investigations, with two occurring following

an agency policy change, indicates a need for additional training for all facility investigators to ensure they are familiar with the updated requirements outlined in policy 03.03.140.

Through a review of investigations, the auditor observed that the facility demonstrates that it makes its best efforts to preserve evidence, whether that be in the form of video, shift rosters, log books, phone monitoring, visiting records, etc. The facility routinely demonstrated that it reviewed video evidence to disprove those allegations that did not occur. Moreover, the facility used shift rosters to confirm the presence of staff in areas of the facility during the dates and times pertaining to alleged staff misconduct and were able to disprove allegations based on staff members not being on shift at the time of alleged sexual misconduct.

Due to the relatively recent change in agency policy that prohibits the use of investigative questionnaires without an interview for PREA investigations, the auditor recommends that all authorized investigative staff at the Gus Harrison Correctional Facility formally acknowledge their responsibility to conduct interviews with all applicable parties as required by provision (c) of the standard before there is a finding of compliance with provision (c) of the standard. The facility provided a training memorandum, which the auditor found sufficient; however, signed records from all facility investigators have not yet been provided as of the date of this report.

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 multiple investigations were referred to the Michigan State Police (MSP) for appropriate criminal investigation. The auditor notes that no investigations were substantiated or produced a level of evidence to support criminal 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. Interviews with facility investigators confirmed that credibility is based on the facts and details that can corroborate from their statements and available physical evidence. Both indicated that truth-telling devices are not used in the investigatory process. A review of facility investigations revealed no use of truth-telling devices and individual credibility assessments were made consistent with the facts elicited, allowing this auditor to find compliance with provision (e).

The auditor finds compliance with provision (f) based on a review of facility investigations. These investigations demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion.

A review of facility investigations by the auditor confirms that the facility refers allegations with potentially criminal behavior to its local MSP outpost. According to interviews with the PREA Manager, PREA Coordinator and Warden, 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. The facility is not responsible for conducting criminal investigations and offered no supporting documentation for this provision of the standard. In all sampled investigations, the facility referred allegations to MSP; however, the MSP declined to investigate, based on the available facts, deferring the allegations back to an administrative investigation. Through previous audits within the agency, the auditor is aware that MSP criminal investigative reports are documented in a manner consistent with the standard and does not find the facility out of compliance with provision (g) of the standard based on the lack of an MSP response to allegations.

Through interviews with the PREA Coordinator, facility Inspectors and a review of investigations, this auditor confirms that there were no substantiated allegations that appeared to be of a criminal nature. 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 Gus Harrison Correctional Facility has sufficient procedures in place to refer 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. A review of facility investigations produced no evidence that investigations were terminated due to the departure of a victim or an abuser. Specifically, investigation #20922 continued after the alleged victim paroled from the MDOC's custody.

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

Interviews with the Warden, PREA Coordinator, PREA Manager and investigators support the fact that facility staff are required comply with outside investigators. The facility Inspector is the responsible party for ensuring coordination with the MSP. A review of investigatory documentation revealed email correspondence between the facility and MSP to demonstrate that the facility referred investigations to MSP and that MSP would respond with its rationale for any action or inaction on its part, allowing this auditor to find compliance with provision (l).

Corrective Action Recommendation:

The Gus Harrison Correctional Facility will be required to train all facility investigators to conduct investigatory interviews in pursuit of thorough investigations as required by policy 03.03.140 and provisions (a) and (c) of the standard. The auditor recommended that a formal training memorandum be issued to all investigators and that each will be required to sign and acknowledge the requirement to complete investigations consistent with the policy revisions in 03.03.140 and provisions (a) and (c) of the standard. The facility provided a training memorandum, which the auditor found sufficient; however, signed records from all facility investigators have not yet been provided as of the date of this report. Once the facility provides signed training memorandum receipts from all facility investigators; the auditor will determine compliance.

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report, the facility demonstrated compliance with provisions (a) and (c) of the standard by gathering signed documentation from each of the facility's potential 28 active investigators to ensure they are acutely aware and understand the agency policy changes that require in-person interviews with all applicable parties to an investigation. The facility completed its training of all investigators between November 30, 2017 and February 27, 2018. As noted in the above narrative, the primary investigators within the facility demonstrated compliance; however, trained management staff who are periodically used to conduct investigations did not appear to be formally aware of this requirement for sampled investigations through July of 2017. This signed acknowledgement confirms that potential investigators are aware of the need to conduct in-person interviews with all parties and reinforces the compliant documentation observed within facility investigations after July 2017.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 sufficient application of this standard to find compliance.

115.73	Reporting to inmates
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 741">Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that the victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Both the Warden and facility investigators confirm that inmate victims are notified of the investigatory results. Prior to the audit, Gus Harrison Correctional facility provided sample documentation of inmate notifications to demonstrate compliance with provision (a) of the standard. During the onsite portion of the audit, the auditor reviewed facility investigations and found evidence that the facility was in substantial compliance with its requirement to provide victims of sexual abuse notification of investigatory outcomes. While the auditor does note that two files were observed to be missing this victim notification, these appeared to be isolated instances; allowing the auditor to determine compliance with provision (a) of the standard.</p> <p data-bbox="252 797 1484 1043">Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, dictate that the victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The Warden and facility Inspectors at the facility indicate that the Inspectors are the liaison with MSP and remain up-to-date on an investigation's status. When MSP conducts an investigation the facility requests necessary information to provide a finding to the alleged victim consistent with provision (b) of the standard.</p> <p data-bbox="252 1099 1484 1424">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. As a result of previous audits within the agency; its policy was recently updated to become compliant with provision (c) of this standard. Specifically, agency policy was amended and now requires that notification of the factors enumerated in provision (c) of the standard are now provided for Substantiated/Sufficient Evidence and insufficient evidence/Unsubstantiated allegations that a staff member sexually abused a prisoner.</p> <p data-bbox="252 1480 1484 1648">The PREA Manual, which was reviewed by the auditor in determining compliance with provision (d), indicates that the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions in compliance with provision (d). The facility no had such instances, thus, no facility specific examples in support of this standard were observed.</p> <p data-bbox="252 1704 1484 1895">A review of facility investigations yielded ample documentation of its notification of investigatory results. Within all but two sampled investigations, a completed CAJ-1021 notification form was located as proof of inmate notification, aside from when alleged victims were released from the MDOC's custody, to demonstrate compliance with provision (e) of the standard.</p> <p data-bbox="252 1951 1484 2074">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.</p>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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. He further commented that any contractual staff would then be placed on a “do not hire” list, maintained by the agency. There were no substantiated allegations of sexual abuse or sexual harassment involving contractors or volunteers upon which to gauge facility practice. Based upon policy provisions and the Warden's interview, the auditor determines compliance with provision (b).</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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. At the time of the audit, there were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice. Based upon policy requirements of a formal hearing process prior to the imposition of discipline, the auditor determines compliance with provision (a).</p> <p>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 follow the prisoner sanctions procedure for those who violate sexual abuse and sexual harassment policies. In addition to potential disciplinary segregation, inmates may have their custody levels raised or may be transferred to another location as determined by the security classification committee. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon the established sanctioning matrix relative to the imposition of discipline and an interview with the Warden, the auditor determines compliance with provision (b).</p> <p>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, who are administrative law judges, are required to 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 at the time of the audit. Based upon an interview with the Warden and the agency's policies for the consideration of mental health status prior to the imposition of discipline, the auditor determines compliance with provision (c).</p> <p>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 determine any relevant treatment need and this would likely be a condition of parole. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon an interview with facility mental health staff and policy requirements, the auditor determines compliance with provision (d) of the standard.</p> <p>The auditor reviewed agency policies 03.03.140, 03.03.105 and the PREA Manual in</p>

determining compliance with provision (e) of the standard. These policies contain language that is consistent with provision (e) of the standard to verify that inmates may only be disciplined for sexual contact with staff when there is a finding that staff did not consent to such contact. The facility provided an example of an inmate being disciplined for sexual contact with staff that was compliant with the standard. Specifically, the inmate approached the victim from behind and placed his genital area in contact with the staff member's buttocks. The staff member was observed directing the inmate to stop as she attempted to move away and the inmate was found to be laughing as the incident occurred. The resulting discipline was issued in a manner compliant 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. In sampled investigations, discipline was issued to inmates making allegations only in those instances where the facility could prove via video evidence or through the absence of a staff member when incidents were alleged to have occurred, that the allegation did not occur, allowing the auditor to find compliance with provision (f).

Through a review of the PREA Manual, the Prisoner Guidebook and interviews with the PREA Manager 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. The facility provided sample documentation where two inmates were issued a misconduct for consensual sexual touching. Based upon interviews, policy directives and the sample misconduct for consensual sexual touching between two inmates, the auditor determines compliance with provision (g).

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 784">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. Due to recent updates of policy, 03.04.140 and the PREA Manual, which were effective 04/27/2017, the MDOC has recently established intake risk screening procedures across the agency. Although this policy was officially effective as of 04/27/2017, the Gus Harrison Correctional Facility did not begin to consistently track or complete its intake assessments as required under 115.41 until approximately two months prior to the audit. As a result of being in the beginning stages of establishing risk screening procedures at the facility at the time of the onsite audit, the facility had limited records to demonstrate its compliance, although it did provide compliant sample documentation in advance of the audit.</p> <p data-bbox="252 840 1460 1086">The Gus Harrison Correctional Facility utilized the PREA Risk Assessment tracking spreadsheet designed by the agency PREA Analysts and utilized as documentation in previous corrective action plans for other facilities within the agency audited by this auditor. The tracking spreadsheet documents when assessments required under 115.41 are completed and also documents the date of medical or mental health referrals when previous victimization is reported and services are accepted.</p> <p data-bbox="252 1142 1484 1512">Similar to the verification process for previous corrective action plans, the auditor made random selections for each month of record on the tracking spreadsheet and requested that the facility provide documentation of referral and documentation that the referral had been acted upon. Four random samples of inmates who reported either victimization or perpetration on the risk screening tool were selected between the months of August and October at the time of the onsite audit. A request for secondary sample records was sent to the facility on 11/22/2017 for the 30-day period following the audit. The facility only provided mental health records to confirm that two of the four randomly sampled inmates who accepted the offering of mental health services took place.</p> <p data-bbox="252 1568 1460 1904">Since the facility only recently implemented consistent tracking of its risk screening and referral procedures, coupled with the absence of records for two of four selected random samples, the auditor finds insufficient evidence that the facility has firmly established practice to demonstrate compliance with provision (a) of the standard. Part of this finding is related to the facility's delayed implementation of agency policy designed to correct this matter in advance of the onsite audit. The auditor will require that Gus Harrison Correctional Facility consistently demonstrate that it fulfills its obligations in each randomly sampled case applicable to provision (a).</p> <p data-bbox="252 1960 1484 2150">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. As described under provision (a) of this standard, the facility consistently implemented and tracked intake risk screening procedures in compliance with</p>

115.41 approximately two months prior to the onsite audit. Gus Harrison Correctional Facility began tracking individuals who reported sexual victimization and perpetration on their PREA Risk Assessment tracking spreadsheet. As described under provision (a), this auditor selected four random samples of inmates who were documented by the facility as reporting either victimization or perpetration on the risk screening tool between the months of August and October at the time of the onsite audit. A request for secondary sample records was sent to the facility on 11/22/2017 for the 30-day period following the audit. The facility only provided mental health records to confirm that two of the four randomly sampled inmates who accepted the offering of mental health services took place.

Since the facility only recently implemented consistent tracking of its risk screening and referral procedures, coupled with the absence of records for two of four selected random samples, the auditor finds insufficient evidence that the facility has firmly established practice to demonstrate compliance with provision (b) of the standard. Part of this finding is related to the facility's delayed implementation of agency policy designed to correct this matter in advance of the onsite audit. The auditor will require that Gus Harrison Correctional Facility consistently demonstrate that it fulfills its obligations in each randomly sampled case applicable to provision (b).

Gus Harrison Correctional Facility 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 and staff who conduct risk screening, 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. The auditor also commends the facility for its efforts to ensure inmates are aware of the limitations on confidentiality. Specifically, the agency produced posters that explicitly explain the limitations of confidentiality, which were observed to be prominently displayed in each medical and mental health provider area.

Corrective Action Recommendations:

Gus Harrison Correctional Facility is required to demonstrate compliance with the risk screening procedures set forth under standard 115.41 and establish a track record of consistently referring and completing medical or mental health referrals consistent with provisions (a) and (b) of the standard. The auditor notes that the facility began to consistently comply with and track risk screening required under 115.41 approximately two months prior to the onsite audit and is in the process of institutionalizing its practices to become compliant with

the standard; however, evidence of substantial compliance is not yet evident.

Gus Harrison Correctional Facility is required to maintain the secondary log that it has established for risk screening under 115.41 and continue to track all referrals following a disclosure of victimization or perpetration. Compliance will be measured by the facility providing the auditor with copies the tracking log, where the auditor will select random samples of individuals who required and accepted mental health or medical examinations required by the standard. The facility will be required to provide applicable documentation to confirm that accepted medical or mental health referrals have been completed during the first 90 days of the corrective action period. There should be an observable nexus between the disclosure of victimization and the reason for the clinical visit.

POST INTERIM REPORT CORRECTIVE ACTIONS:

Following the issuance of the interim report, the agency's PREA Analyst with oversight of the facility, provided a copy of the facility's risk screening database on January 18, 2018. Within the database, there were ten individuals who were noted as reporting victimization during risk screening and accepting the offering of follow-up medical and mental health services. Documentation was requested for these ten individuals to verify the timeliness of risk screening within 72 hours and 30 days, as well as documentation that the individuals were seen for medical/mental health contacts as required by standard 115.81. The facility provided samples of requested risk assessments to prove that assessments were completed with 72 hours and 30 days. The facility was also able to provide screenshots of the electronic medical records to verify that individuals requesting follow-up mental health services were seen by mental health practitioners specifically for the disclosed victimization within 14 days for six of the ten individuals. While contact notes existed for remaining individuals; there was an absence of record within said notes to specifically verify the meeting specifically addressed the disclosed victimization during risk screening.

Due to the lack of an observable nexus between visit and disclosure during risk screening for four individuals, the auditor requested additional random samples during a risk screening sample on April 5, 2018. Within this sample, the auditor requested documentation to verify that three sampled individuals who requested a follow-up meeting with mental health staff received said meeting within 14 days. The facility provided the auditor confirmation from its electronic health records on May 4, 2018, to verify that such meetings took place with an observable nexus between disclosure during risk screening and the subsequent visit in compliance with provisions (a) and (b) of the standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 a day 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>Through previous audits throughout other facilities within the agency, the auditor is aware of agency efforts to train the agency's PREA Coordinators and revise its policies to consistently comply with the requirements of standards 115.81-83. Efforts to effectuate such change began in late November 2016; however, it was evident that the Gus Harrison Correctional Facility was more acutely aware of this obligation prior to such agency level interventions and was regularly referring alleged victims of sexual abuse for appropriate medical and mental health evaluations.</p> <p>Through a review of facility investigations, it was evident that the facility has an established practice of providing timely and unimpeded access to emergency medical and crisis intervention services according to the professional judgement of clinicians when emergency responses were required. Specific evidence relied upon to determine compliance was found in the applicable mental health referrals located within sampled investigations and the post audit provision of screen shots of electronic medical records of the assessments being completed at the time of the referral.</p> <p>Based upon evidence of emergency services being provided according to the clinical judgement of healthcare professionals, the auditor finds compliance with provision (a) of the standard.</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>The PREA Manual and agency PREA brochure were reviewed by the auditor in determining compliance with provision (c) of the standard. The PREA Manual contains language that mirrors the standard and the brochure provides instructions for inmates to access such services. The facility provided pre-audit sample documentation from an incident that preceded the audit period to confirm that an individual who was sexually abused with penetration was transported for a forensic examination and tested for STIs.</p>

Based on the review of investigations and evidence of access to forensic examinations where clinically appropriate, the auditor is satisfied that the Gus Harrison Correctional Facility is in substantial compliance with provision (c) of the standard.

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. Based on policy provisions, the auditor determines compliance with provision (d) of the standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 528">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. Recent revisions to policy 03.04.140 and the PREA Manual have established intake risk screening procedures to assist in the identification of individuals qualifying for services under provision (a) of the standard.</p> <p data-bbox="252 584 1477 1128">Through previous audits throughout other facilities within the agency, the auditor is aware of agency efforts to train the agency's PREA Coordinators and revise its policies to consistently comply with the requirements of standards 115.81-83. Efforts to effectuate such change began in late November 2016; however, it was evident that the Gus Harrison Correctional Facility was aware of this obligation prior to such agency level interventions and was regularly referring alleged victims of sexual abuse for appropriate mental health evaluations. The auditor sampled investigations beginning in September of 2016 and found a referral to mental health staff in each file. Post audit, the auditor requested random samples of electronic medical records to prove that these referrals were acted upon. The facility provided requested records to confirm that the evaluations took place consistent with the referrals. The significant majority of sexual abuse investigations at the facility involved allegations of inappropriate touching during the course of pat searches or sexual requests/threats; therefore, medical evaluations were not clinically appropriate.</p> <p data-bbox="252 1184 1474 1258">Through a review of randomly sampled facility investigations, evidence in favor of determining compliance with provision (a) were found.</p> <p data-bbox="252 1314 1465 1601">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 would be made and applicable referrals for services the patient is willing to accept would occur following an allegation.</p> <p data-bbox="252 1657 1484 1771">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.</p> <p data-bbox="252 1827 1484 2074">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. The standard of care is required to be consistent with community standards and is determined by the judgment of the practitioner. All practitioners are licensed in accordance with community standards and therefore required to provide services according to those standards to maintain licensure.</p> <p data-bbox="252 2130 1465 2163">Interviews with mental health staff confirm that services are delivered according to the clinical</p>

judgment of the practitioner. Both, medical and mental health staff stated that their belief that services each specialty provided at the facility likely exceeds community levels of care due to the immediate availability that is often not found within 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. Gus Harrison Correctional Facility does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance 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. Gus Harrison Correctional Facility does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (e) of the standard.

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. The facility provided sample documentation, preceding the audit period to confirm that an individual who reported sexual abuse with penetration was tested for STIs. The auditor found no evidence that allegations involving penetration that were not appropriately referred for medical services.

While the agency has procedures in place for intake and annual STI screenings that serve as a supplemental means to capture this information; it is recommended that it be documented on its applicable forms (CAJ-1024) that a request was made for such testing to demonstrate proof of its compliance. Based on the absence of facility specific evidence of non-compliance, the auditor determines the facility is compliant 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. As of the time of the audit, there are no known instances at Gus Harrison Correctional Facility 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.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 at the Gus Harrison Correctional Facility determined to be unsubstantiated, a sexual abuse incident review was completed in all but one of the sampled investigative files (#20020). While there were two sexual abuse investigations that were misclassified as sexual harassment by the facility and therefore did not have a sexual abuse incident review; this misclassification was the fundamental reason for the absence of the review and not indicative of willful non-compliance, to demonstrate substantial compliance with provision (a) of the standard.</p> <p>Through the auditor's review of relevant investigations, the auditor did observe that incident reviews for investigations #20922, 20911, 20749 and 20662 all occurred within the 30-day period required by the standard to demonstrate compliance with provision (b) of the standard.</p> <p>In sampled incident reviews, the auditor notes that the facility did involve upper-level managers, generally including the Deputy Warden (facility PREA Coordinator), psychologists, nurses, a Lieutenant and a Resident Unit Manager (RUM). 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, the PREA Coordinator and investigators. The Warden stated that reviews are scheduled monthly and the composition of the team is generally predicated upon the nature of the allegation. 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. Interviews with the Warden and facility PREA Coordinator confirms that Gus Harrison Correctional Facility's review team considers the six factors enumerated under provision (d) of the standard in its review process. The Warden stated that any recommendation would forwarded to his attention to be considered for implementation. The review for investigation #20922 specifically identified observations that the incident may be motivated by group dynamics within the facility, specifically a stronger inmate taking advantage of disabled, lower-functioning and LGBT inmates, leading to the removal of the alleged abuser and placing him in a higher level of observation. Based on interviews, observations within reviews and policy, the auditor determines compliance with provision (d) of the standard.</p> <p>The auditor reviewed the agency PREA Manual and language exists that mirrors the standard. As noted under provision (d) of the standard, the facility's review committee considered group dynamics within the facility and identified the potential for an inmate to be taking advantage of vulnerable populations, leading to a placement of this inmate in a high level of observation and disrupting the group dynamics. Based on policy provision, example documentation and an interview with the Warden, the auditor determines compliance with provision (e) of the</p>

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115.87	Data collection
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.88	Data review for corrective action
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

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

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor had unobstructed access to observe all areas of the audited facility consistent with provision (h) of the standard.</p> <p>The auditor was provided copies of relevant documents as requested. Furthermore, the auditor was provided access to randomly requested file information during the audit tour in paper and electronic form from the prison's case management staff, consistent with provision (l) of the standard.</p> <p>The audit team was provided with private office space to conduct interviews in a private setting, free of audible monitoring consistent with provision (m) of the standard.</p> <p>The auditor received confidential correspondence from the inmate population prior to and following the audit. There was no evidence to indicate that the mail was opened or screened by the facility, consistent with provision (n) of the standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

Appendix: Provision Findings

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

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

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

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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)	Supervision and monitoring	
	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

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

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

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

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

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

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

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

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

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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	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)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.33 (c)	Inmate education	
	Have all inmates received 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

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

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

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

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

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

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

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

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

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	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

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

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

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

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

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, 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

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

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

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

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

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

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

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

115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?	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)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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