

PREA Facility Audit Report: Final

Name of Facility: Lakeland Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 12/16/2016

Date Final Report Submitted: 06/12/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Carole A. Mattis	Date of Signature: 06/12/2017

AUDITOR INFORMATION	
Auditor name:	Mattis, Carole
Address:	
Email:	cmattis@pa.gov
Telephone number:	
Start Date of On-Site Audit:	11/16/2016
End Date of On-Site Audit:	11/17

FACILITY INFORMATION	
Facility name:	Lakeland Correctional Facility
Facility physical address:	141 1st St, Coldwater, Michigan - 49036
Facility Phone	
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:	Matt Huntley	Title:	Inspector, PREA Manager
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Warden/Superintendent			
Name:	Bonita Hoffner	Title:	Warden
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Facility PREA Compliance Manager			
Name:		Email Address:	

Facility Health Service Administrator			
Name:	Rhonda Rider	Title:	RN Supervisor
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Facility Characteristics		
Designed facility capacity:	1466	
Current population of facility:	1455	
Age Range	Adults: 18+	Youthful Residents:
Facility security level/inmate custody levels:	II	
Number of staff currently employed at the facility who may have contact with inmates:		

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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Email Address:	WashingtonM6@michigan.gov	Telephone Number:	517-780-5811

Agency-Wide PREA Coordinator Information			
Name:		Email Address:	

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 Lakeland Correctional Facility (LCF) was conducted from November 16, 2016 to November 17, 2016, pursuant to an 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 was assisted during the audit by David Radziewicz, a DOJ Certified Auditor.

I would like to acknowledge Warden Bonita Hoffner and all support staff for their professionalism demonstrated throughout the audit and their willingness to comply with all requests and proposed recommendations. The Michigan Department of Corrections, specifically the PREA Administrator Todd Butler, should be commended for ensuring the safety and security of staff members, as well as inmates, whose rights are protected by the PREA standards. A note of thanks also to Inspector Matthew Huntley, the local PREA Coordinator, who ensured the audit was conducted efficiently and seamlessly, and provided much assistance with follow-up requests.

Prior to the onsite audit there was limited opportunity to review uploaded materials and discuss the audit process and expectations of the facility with the PREA Coordinator since the PREA Online Auditing System contained limited documentation. Instead, a diskette with file folders containing related, supplemental information was provided within days of the audit. The auditor uploaded this information which was time consuming and delayed the review and reporting process of the auditor.

A brief entrance meeting was held at approximately 0800 hours on November 16, 2016 with the facility's administrative team and the agency's PREA staff to include Warden Bonita Hoffner, Deputy John Morrell; Inspector Matthew Huntley, agency PREA Administrator Todd Butler, agency PREA analysts, Mary Mitchell, Matt Silsbury and Wendy Hart, to name a few. Introductions were made and logistics for the audit were planned before the audit occurred.

I was provided a tour of designated areas separate from those viewed by DOJ Certified Auditor Dave Radziewicz. The areas I toured included A, B, C and D Units, Healthcare, Temp Seg Housing, Greenhouse Section and Mental Health of the facility. Dave toured E1, E2, F1, F2, Recreation, Library, Programming Areas, Food Service, Control Center, the Powerhouse and Warehouse. Both auditors conducted informal interviews of staff and inmates along the way.

During the tour, auditors observed the control center's camera monitoring station to verify that cameras were positioned in such a way as to provide adequate coverage of the housing units, yet afford privacy in bathroom/shower areas of the facility. There was a camera observed from the Control Center that allowed for viewing of the toilet area in an isolation cell. Following the audit, the facility implemented

procedures to obstruct the view of this area to prevent opposite gender viewing. It was observed that privacy notices were posted on each housing unit in the bathroom/shower areas, reminding inmates of the potential for opposite gender staff to view them. Inmates are required to be fully dressed when walking to and from the shower areas of the facility. Auditors noticed robust "Knock and Announce" notices posted at the entrance to each housing unit, reminding opposite gender staff of the obligation to knock and verbally announce their presence before entering the housing unit. Auditors also heard opposite gender announcements being consistently made.

The tour concluded by approximately 1330 hours and interviews commenced. The first day of the onsite audit concluded at approximately 1730 hours. The facility provided copies of investigations that were reviewed by the auditor later that evening. The second day of the onsite audit commenced at approximately 0530 hours and concluded by approximately 1630 hours. The second day consisted of staff and inmate interviews and an exit briefing.

During the interview portion of the audit 26 formal staff interviews were conducted, as well as in depth discussions with other staff available during the tour. Included in the interviews were at least one staff member interviewed from each interview category, with the exception of the interviews related to educational staff who work with youthful inmates, line staff who supervise youthful inmates (youthful inmates are not housed at this facility), contract administrator (the agency does not contract for the housing of its inmates) and Non-Medical Staff involved in cross gender searches. Random interviews covered all three shifts. These staff members and others were randomly selected from all staff working during the audit. Interactions with staff were favorable and all were extremely helpful in making the audit process a positive experience.

A total of 12 inmates were randomly selected from a population report and at least one inmate from each housing unit was selected; however, only 10 agreed to be interviewed. At least one inmate was interviewed from each interview category, with the exception of youthful inmates (youthful inmates are not housed at this facility), LGBT inmates and inmates who disclosed victimization during intake screening (the facility reportedly did not house such inmates and did not have a tracking mechanism in place to identify these inmates). Inmates who were interviewed included those who were identified as Disabled and Limited English proficient, housed in temporary segregated housing, and identified as having reported sexual abuse.

The agency head's designee and agency PREA Administrator were interviewed in person. A telephonic interview was conducted with a SANE representative of the Forensic Nursing Team at Community Health Center (CHS) of Branch County. The SANE nurse reportedly has provided services to inmate victims through CHS's verbal agreement with LCF.

AUDIT FINDINGS

Facility Characteristics:

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

Lakeland Correctional Facility (LCF) is an all male facility, within the Michigan Department of Corrections, located at 141 First Street, Coldwater Michigan. The facility opened in 1985 and is a Security Level II facility. The facility is comprised of mainly dormitory-style housing, each with 16 units including some smaller rooms shared by prisoners who have attained "honor" status as displayed by good behavior while incarcerated. The facility has a separate Food Service Building, two schools and indoor activity areas. The perimeter includes a double fence, electronic detection system, razor-ribbon wire and patrol vehicle.

The inmate population comprises A-building which provides housing for mostly geriatric prisoners and their aides. The building consists of two units: A1/4 and A2/3. A1/4 consists of two single rooms, (1) two-man room, (3) three-man rooms, (1) four-man room and (3) five-man rooms for a total of 44 prisoners. A2/3 consists of (4) two-man rooms, (5) three-man rooms, (2) four-man rooms and (4) five-man rooms for a total of 51 prisoners. Prisoners are roomed together based upon security classification, as well as compatible PREA risk assessments.

B-building housing unit provides housing for general population prisoners and consists of five units: B1, B2, B3, B4, and B5. Housing units B1, B2 and B4, C2, C3, C4 consists of two large rooms; one has half-walls for some separation between prisoners' beds, the other is an open area with rows of beds. Four two-man rooms, one eight-man room comprises the remainder of each unit for a total of 79 prisoners per unit. These prisoners are also roomed together based upon security classification, as well as compatible PREA risk assessments. Housing Unit B3 and C1 contains an additional 4-man room for a total of 83 prisoners per unit. Housing Unit B5 consists of (1) two-man room, (3) four-man rooms, (3) six-man rooms, and (1) eight-man room for a total of 40 prisoners per unit.

C5 consists of (3) two-man rooms, (1) four-man room, (3) six-man rooms, and (1) twelve-man room for a total of 40 prisoners. These prisoners are also roomed together based upon security classification, as well as compatible PREA risk assessments. D-Building is the location for Temporary Segregation which consists of 8 single man cells. One cell is monitored by a security camera and considered an observation room.

Education programs include Adult Basic Education and General Education Development preparation. Vocational training is available in Food Service Technology, and Horticulture. Other programs include Employment Readiness, Bridges/Domestic Violence, Phase I and II Substance abuse, Alcohol Anonymous classes, Narcotic Anonymous classes, (ASAT) Advance Substance Abuse Treatment, Sex Offender Therapy, (VPP) Violence Prevention Program both Moderate and High, Thinking for a Change, Cage Your Rage, Greyhounds and Refurbished Pets Dog Program, Chance For Life, Vietnam Vets, National Lifers of America. Law library and general library services are available. Staff and volunteers offer counseling, health services, outpatient mental health, and dental care services.

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.

Number of standards exceeded:	3
Number of standards met:	38
Number of standards not met:	0
Number of Standards Not Applicable: (The total number of standards that were audited at the agency level)	4

Prior to the corrective action plan, LCF exceeded 3 standards, met 26 standards and did not meet 14 standards.

Following the corrective action plan, LCF met 37 standards and exceeded 3 standards. Three standards were determined to be not applicable.

This interim report contains recommendations for developing compliance; however, significant elements of compliance hinge on the implementation of a 72-hour intake screening assessment process to create the information to adequately comply with related standards. Therefore, recommendations are somewhat limited at this time. It was evident that the lack of a facility 72-hour risk assessment screening process pursuant to standard 115.41 creates a non-compliance domino effect for several other standards within the audit, specifically as such a screening is necessary for effective implementation of 115.42, 115.81 and 115.83. Facility practice with respect to its investigatory procedures and treatment of alleged victims leads to non-compliance with standards 115.68, 115.71, 115.72 and 115.82. A minor revision to agency policy will bring compliance to 115.73. This issue is in the process of being revised and corrected according to the agency's PREA Administrator. See audit report for specifics.

The overall methodology used to determine compliance with the standards included, but was not limited to, a complete review of all policies and documentation provided throughout the audit process in conjunction with a visual inspection of the facility and context of staff and inmate interviews.

Corrective Action Plan Recommendations:

§ 115.21 Evidence protocol and forensic medical examinations.

The facility will be required to identify a specific individual to serve in the capacity as a qualified staff member for advocacy purposes and provide qualifications of the individual to serve in this capacity. This action will satisfy compliance for provisions (d), (e) and (h) of the standard.

§ 115.41 Screening for risk of victimization and abusiveness.

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

Compliance will be measured by the facility providing the auditor with a copy of the facility's incoming receptions on a minimum of 3 randomly selected dates each month during the course of the first 90 days. The auditor will then select a representative sample of those inmates. After 7 days have elapsed, the auditor will request that the facility submit inmate movement reports and corresponding 72-hour assessments to ensure that each transfer into LCF has been assessed in accordance with provisions (a) and (b) of the standard. If compliance is demonstrated during this period, the auditor will be satisfied that the matter has been corrected.

§ 115.42 Use of screening information.

LCF is required to implement a 72-hour intake screening process to screen all new transfers into the facility to demonstrate full compliance with both 115.41 and 115.42, as any use of screening information must consider the most recent and accurate information to be effective. While LCF appears to use the information it has available from prior risk screenings in a manner that is consistent with the standard's provisions; the auditor cannot find the facility fully compliant with the standard until it demonstrates that it is making decisions consistent with 115.42 that are based upon 72-hour or subsequent screenings conducted at the facility consistent with 115.41. The facility's current decision making process for housing, programming, employment and placement decisions do not adequately consider any changes that could have occurred from the time of the initial assessment at the reception center until LCF conducts a secondary review of the initial assessment following the inmate's reception.

As noted under 115.41, this screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in gender identity, sexual orientation or history of victimization from the initial reception center. It is the auditor's belief that compliance with this standard will naturally be obtained after corrective measures under 115.41 have been employed.

§ 115.43 Protective custody.

LCF will be required to demonstrate consistent application of agency policy and proves that it uses administrative segregation in accordance with provision (a) for inmates determined to be at high risk of victimization. Placement beyond 24 hours should be supported by a documented assessment of why alternative placements cannot satisfy the inmate's safety needs. The facility will also be required to document any and all programs limited consistent with the requirements under provisions (b) and (d) of the standard.

The cited placement in involuntary segregation was not clearly defined as arising out of high for risk of victimization or the PREA allegation made by the inmate, as the CAJ-1019 and CSJ-686 forms seem to

indicate a possibility for both alternatives. The auditor will require LCF to provide copies of all incoming segregation records for a period of 60 days to ensure that the facility is not using this form of placement as a means to protect individuals at high risk of victimization. The auditor will require the facility to send corresponding CSJ-686 forms as proof. If the facility demonstrates that it uses segregation in accordance with 115.43 to protect inmates at high risk of victimization during this period, compliance will be met.

§ 115.63 Reporting to other confinement facilities.

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

§ 115.64 Staff first responder duties.

LCF will be required to demonstrate that it takes appropriate actions to preserve any crime scene and collect physical evidence when the allegation is known within a time period that permits the collection of forensic evidence. The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see within those investigations that the facility takes the appropriate measures required by provision (a) of the standard to preserve any crime scene and collect physical evidence, including forensic examinations where appropriate. Should the facility not have an investigation or an investigation involving the potential to collect physical or forensic evidence during that 90 day period. If an example does not present itself during the 90 day period, corrective action will continue until 150 days at which point an instructional memorandum will be disseminated to facility investigative staff and comprehension will be acknowledged by all recipients.

§ 115.68 Post-allegation protective custody.

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

§ 115.71 Criminal and administrative agency investigations.

To become compliant with this standard, the facility will be required to implement procedures to physically

interview pertinent parties to each allegation to augment any written questionnaire responses. The facility must document within its investigations, attempts to interview inmates who do not respond to questionnaires. Relying on questionnaires and written statements without an in-person interview compromises the integrity of an investigation and is not considered a sound investigative process for various reasons-two notable reasons include that it is not a standard operating procedure of community law enforcement investigators and it creates a barrier for illiterate individuals. Additionally, the agency's own training materials for facility investigators address the distinction between interviews and questionnaires, specifically the training defines an interview as a conversation with a purpose, which is not possible through a questionnaire and cautions against the overuse of these tools.

The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see interview summaries within each facility investigation that clearly reference a physical interview with all parties to the allegation, including victim, perpetrator(s) and witnesses. Should the facility not have an investigation within the 90 day period; corrective action will continue until such time as an investigative report demonstrating compliance or 180 days have been exhausted.

§ 115.72 Evidentiary standard for administrative investigations.

The facility will be required to conduct additional training with its investigators to cover the proper standard of proof to arrive at conclusions within PREA investigations. This training should cover the fact that "profound" evidence is not required to substantiate PREA allegations, there must merely be a tipping of the scale towards an event that it more likely occurred than not (roughly 50.1%). This training can be completed in the form of a memorandum. Proof of dissemination of this memorandum to facility investigators can be accomplished via email correspondence that is forwarded to the auditor to satisfy compliance.

§ 115.73 Reporting to inmates.

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

Additionally, LCF will be required to demonstrate that it consistently notifies all alleged inmate victims of the investigatory outcomes, severances of staff perpetrators and movement of staff perpetrators in accordance with provision (c) of the standard. These notifications or attempted notifications will be documented, consistent with provision (e) of the standard. Compliance will be measured through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see documentation of inmate notifications for all factors applicable under provision (c) of the standard. If an example does not present itself during the 90 day period, corrective action will continue until 150 days at which point an instructional memorandum will be disseminated to facility investigative staff and comprehension will be acknowledged by all recipients.

§ 115.76 Disciplinary sanctions for staff.

LCF will be required to demonstrate referral of licensed staff members to appropriate licensing bodies when those staff members resign during the course of an investigation or are found to have engaged in sexual abuse. The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see that the facility refers any known staff abusers or those resigning in lieu of investigation/termination to relevant licensing bodies, including referral of the staff member in the cited investigation. Should the facility not have an investigation or an investigation involving a licensed staff member during that 90 day period; corrective action will continue until such time as an investigative report demonstrating compliance or 180 days have been exhausted.

§ 115.81 Medical and mental health screenings; history of sexual abuse.

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

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

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

§ 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

LCF is required to implement a 72-hour intake screening process to screen all new receptions and transfers into the facility to demonstrate compliance. This screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in history of victimization or perpetration from the initial reception center so that it may have procedures in place to adequately identify all inmates qualifying for services under provisions (a) and (f) of the

standard. LCF will also be required to demonstrate that it refers all alleged victims of sexual abuse for medical and mental health evaluations that are consistent with the nature of their allegations in order to demonstrate its commitment to meeting the requirements of provisions (a) and (f) of the standard.

Compliance will be measured by the facility providing the auditor with a copy of all applicable referrals for medical and mental health treatment evaluation or continuation records for treatment that may have been initiated at the reception center and continued at LCF, consistent with this standard during the first 90 days of the corrective action period. The auditor will also measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see documentation of medical examinations for all purported victims of sexual abuse involving contact and mental health examinations for all who allege sexual abuse. Documentation of medical and mental health evaluations should include dates and times of the evaluation as well as the specific referral information that prompted the evaluation. Any applicable ongoing treatment records (such as progress notes) which were prompted by the evaluation relative to this standard must also be provided to the auditor to satisfy compliance with provisions (a) and (f). Furthermore, the auditor will expect to see that STI testing was completed for the known victim in 16659 and the investigation involving the inmate who was interviewed onsite by the auditor who alleged sexual abuse.

§ 115.86 Sexual abuse incident reviews.

These incident reviews will need to demonstrate how it considers the input from medical and mental health practitioners if these individuals are not part of the review team.

The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see sexual abuse incident reviews conducted within 30 days of the investigation's closing for all incidents of sexual abuse where the allegation was determined to be substantiated or unsubstantiated. These reviews should be documented on the agency's form, CAJ-1025, which are then supplied to the auditor. Should the facility not have a sexual abuse incident review during that 90 day period where the facility can demonstrate its compliance; corrective action will continue until such time as a sexual abuse incident review demonstrating compliance or 180 days have been exhausted.

Post Audit Activity:

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

The corrective action plan included the need to implement intake risk screening procedures at the facility for both direct receptions and intra-departmental transfers to fully satisfy and provide evidence of compliance for standards 115.41, 115.42, 115.81, and 115.83. The facility developed its own internal tracking mechanism to verify when assessments were completed and applicable referrals for medical and

mental health care. The auditor authenticated the veracity of this report through random sampling of the log. Specifically, the auditor requested electronic records of risk assessments that confirmed the dates recorded on the internal tracking log. Moreover, the facility provided secondary referral documentation and progress notes to verify required referrals to medical and mental health providers, consistent with standards, 115.81 and 115.83.

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

The post-audit corrective action period included a series of document exchanges between the facility and the auditor. Each exchange was followed by requests for additional documentation where necessary or an indication of compliance if sufficient evidence was received. The specific corrective actions taken by the facility are enumerated under each standard that required corrective action throughout this report.

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
	Agency policy 3.3.140 and the PREA Manual outline the agency approach to implementing the zero tolerance policy. Local operating procedures OP 3.3.140 outlines the facility's approach to implementing agency policy. The position of PREA Administrator fulfills the role of an Agency PREA Coordinator. During an interview with the PREA Administrator, he reported that he has sufficient time and authority to implement the agency's efforts to comply with the PREA standards. The position of PREA Coordinator at the facility oversees the duties of a facility PREA Compliance Manager. The facility PREA Coordinator is charged with ensuring the security of the Lakeland Correctional facility. The position provides adequate time and authority to coordinate the facility's efforts to comply with PREA standards. The PREA Administrator remained on-site during the audit visit to assist with any agency related matters.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Neither the agency nor the LFC contract with any outside entities for the confinement of its inmate population. The facility provided documentation for a Request for Proposal (RFP) that the agency was considering. As of the date of the audit, no contracts have been awarded.

115.13	Supervision and monitoring
	<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 750">The facility's staffing plan is predicated on accepted practices for the physical layout of the facility. Although the agency no longer participates in audits by the American Correctional Association (ACA), its staffing levels are predicated on these standards. Furthermore, the Warden indicated that over 200 cameras were approved for purchase and will be installed with enhanced lighting capability. The facility demonstrates that regular supervisory rounds take place throughout all areas where inmates have access. Supervisory rounds are documented in a color ink that is separate from general staff entries. The Deputy Warden indicated that unannounced rounds are conducted monthly on all three shifts and documented. In addition to documenting in the log book, he has an electronic tour scan button that he's required to verify his presence in each housing unit.</p> <p data-bbox="252 795 1468 1131">During the audit tour, there was a concern regarding the supervision and monitoring for several housing units that are configured similarly. The housing units, such as C5, consists of (3) two-man rooms, (1) four-man room, (3) six-man rooms, and (1) twelve-man room for a total of 40 prisoners. The rooms contain individual doors that are able to be locked by the prisoners as part of the honor program. These prisoners are roomed together based upon security classification, as well as compatible PREA risk assessments. The obstructed viewing and isolated nature of these rooms could allow sexual activity to go undetected by staff and prevents other inmates from noticing sexual abuse as a potential deterrent to such activity.</p> <p data-bbox="252 1176 1452 1265">The facility's camera coverage plan, which was awarded prior to this report, should enhance security of these housing units and mitigate unauthorized traffic in these areas.</p>

115.14	Youthful inmates
	<p data-bbox="252 1460 901 1494">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1538 526 1572">Auditor Discussion</p> <p data-bbox="252 1617 1468 1740">N/A - The facility does not house youthful offenders. As indicated on a snapshot of the MDOC website and as observed during the audit tour only 18 and older inmates are incarcerated at this facility.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 04.01.110 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. This policy also permits pat down 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. These exceptions are not consistent with the definition of exigent circumstances. It is recommended that an agency-wide memorandum be issued similar to a Director's Office Memorandum (DOM), specifying that if a supervisor of opposite gender is overseeing a strip or body cavity search that appropriate barriers be utilized to block viewing of breasts, buttocks and genitalia. Additionally, this memorandum should include direction that female inmates may only be pat searched under exigent circumstance and not include an exception for possession of contraband. The facility is found to be in compliance with this standard since there are no demonstrated violations, contrary to agency policy.</p>

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency provides a wealth of resources for ELP, vision impaired and deaf or hard of hearing inmate population. Staff are adequately trained on the prohibitions against using an inmate interpreter for reports of sexual abuse and sexual harassment. The facility has entered into a contract for interpretation services for those instances when such services are necessary.</p>

115.17	Hiring and promotion decisions
	<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 1220">The employment screening policy 02.06.111 and PREA Manual clearly prohibit hiring and promoting staff who have engaged in the behavior noted within the standard. Corrections Officer job postings, application questions and a promotional application for Sergeant were provided as proof to demonstrate the agency and facility considers these factors for hiring and promotional decisions. 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. 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. Employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. The facility provided sample documentation of LEIN logs to verify new hires, including volunteers and contractors, were given an appropriate criminal background check. LEIN checks are completed by the records supervisor in June of designated years. All employees were screened in June of 2015. In addition to application materials, the employee work rules, specified in the employee handbook, requires that employees have an ongoing obligation to disclose any sexual misconduct. Agency policy affirmatively states that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. HR staff were familiar with the need to disclose information pertaining to substantiated allegations of sexual abuse or sexual harassment and indicated that they would contact Central Office staff to ensure that released documentation complied with policy prior to disclosure of the information.</p>

115.18	Upgrades to facilities and technologies
	<p data-bbox="252 1417 933 1451">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 1496 526 1529">Auditor Discussion</p> <p data-bbox="252 1574 1444 1865">The agency and the facility demonstrate compliance with this standard. It is clear that the agency has made a commitment to enhancing technological capabilities to ensure inmate safety through electronic documentation of line staff and supervisory tours within the facility and expansion of video monitoring capabilities at all facilities. The facility's camera plan demonstrates a well thought out strategy for placement of the facility's upgrade plans. The facility had a bid walk-through of the facility scheduled for the day following the audit on 11/18/2016 and has since awarded the bid.</p>

115.21	Evidence protocol and forensic medical examinations
	<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 1465 869">The facility has protocols in place to ensure the preservation of available physical evidence and potential first responder staff are aware of their responsibilities to maximize evidence preservation. The facility does not house youthful inmates; however, the evidence protocol is sufficient for that population. The MSP conduct criminal investigations and have agreed through memorandum to abide by applicable provisions of the standard (a)-(e). The facility is attempting to reach an agreement with a rape crisis advocacy service; however, has been unsuccessful as of the date of the audit. The facility utilizes the Community Health Center of Branch County for emergency medical services and the SAFE/SANE program coordinator verified that an inmate from LCF would be provided such services at this medical facility. These services are provided free of charge. The PREA Coordinator at the facility has not yet identified a qualified agency staff member to accompany and support the victim through forensic examination process and provide emotional support services as a means of crisis intervention.</p> <p data-bbox="252 925 1465 1171">During an interview with the facility PREA Coordinator, the facility has not identified a specific qualified agency staff member who could provide advocacy services if necessary. While the facility and the agency have identified positions within the facility organizational structure (i.e. mental health and medical staff) to fulfill this role, the lack of an identified facility specific representative does not permit the auditor the opportunity to assess the individual's qualifications to serve as an advocate.</p> <p data-bbox="252 1227 722 1261">Corrective Action Recommendation:</p> <p data-bbox="252 1317 1485 1429">The facility will be required to identify a specific individual to serve in the capacity as a qualified staff member for advocacy purposes and provide qualifications of the individual to serve in this capacity. This actions will satisfy compliance for provisions (d), (e) and (h) of the standard.</p> <p data-bbox="252 1485 587 1518">Corrective Actions Taken:</p> <p data-bbox="252 1574 1453 1731">The facility identified a specific individual to serve in the capacity as a qualified staff member for advocacy purposes and provided qualifications to include victim's assistance training certificates to verify the staff member has been trained in multiple components of victim advocacy necessary to fulfill compliance for provisions (d), (e) and (h).</p>

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has sufficient policies in place to ensure that each allegation of sexual abuse and sexual harassment are referred for investigation. The agency and facility have appropriate measures in place to ensure that all allegations are investigated and substantiated criminal behavior is investigated by an entity with the authority to conduct criminal investigations (MSP).

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The agency's employee training curriculum is robust and thoroughly covers all ten points required by the standards. Random staff interviews confirm the training materials are memorable, as staff were able to appropriately describe what they learned in relation to each standard. The basic training materials cover the specific needs relative to both male and female inmates. Although basic training materials adequately cover the needs of both gender inmates, there is a supplemental collaborative case management program that is also available to staff working with female inmates. Random staff who were interviewed produced copies of an agency pocket-sized reference guide that contained relevant agency protocol for first responders.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policy 03.02.105 and the PREA Manual sufficiently cover the volunteer and contractor training requirements of the standard. An interview with a contractor confirms that the contractor completed the MDOC's PREA computer based training, viewed a MDOC video and a company specific video regarding over-familiarity. Contractors were aware of their duty to report allegations of sexual abuse and harassment to supervisory staff and designated PREA staff within the facility, as well as first responder duties.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>LCF complies with agency policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual to 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. It is noted that the agency completes this required training at its reception center (RGC); however, LCF completes this educational process for any received inmates who do not have documentation within their files to confirm such training occurred at RGC.</p> <p>PREA policies and reporting mechanisms are universal throughout the agency, negating the need to retrain inmates upon transfer from the RGC to LCF. The agency's training materials address the needs of LEP inmates, as well as disabled inmates. Inmate education sessions are documented via departmental form CAJ-1036. Key information is continuously available via the PREA brochure and posters throughout the facility.</p>

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency's investigator training is comprehensive and includes foundational training to conduct all forms of investigations. Specific training pertaining to the standard requirements within this investigator training program includes a PREA specific module explaining the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse, 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. In addition to the agency's Basic Investigator Training, seven LCF staff have participated in the NIC specialized investigator's training.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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. Training materials cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and harassment and facility reporting responsibilities for allegations of sexual abuse and harassment. Adequate records of staff participation are maintained within the employee's electronic training records and documentation of staff participation in training was provided.</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 1484 741">Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, state that an intake screening shall be conducted at reception centers during intake. However, the PREA Manual and the PREA Risk Assessment Manual provide an exception to the completion of a 72-hour intake assessment at placement facilities provided said 72-hour assessment was previously completed. The agency policy regarding risk screening is not compliant with provisions (a) and (b) of the standard. During the course of the audit, through formal and informal interviews with the PREA Administrator and PREA Coordinator, it was determined that the LCF does not complete 72-hour assessments for inmates transferred into the facility. The agency policy only requires the facility to conduct a review of the initial assessment within 30 days of arrival.</p> <p data-bbox="252 797 1477 1171">Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Administrator, the auditor is satisfied that the intake screening instrument is objective, consistent with provision (c) and 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 LCF 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.</p> <p data-bbox="252 1227 1437 1429">Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Administrator, the auditor is satisfied that the intake screening instrument meets the requirements of provision (e) of the standard. The PREA Risk Assessment Manual's reference to documented history of these factors is adequately inclusive of both convictions and known institutional behavior.</p> <p data-bbox="252 1485 1469 1731">Based on a review of facility examples of reassessments that were compared against inmate movement history, the auditor is satisfied that the facility reassesses incoming transfers within 30 days of reception to meet provision (f) of the standard. Policy provisions for reassessment consistent with provision (g) are in place to ensure reassessment when warranted. Interviews with the PREA Administrator and PREA Coordinator confirm inmate statements that no discipline is issued for failing to cooperate or respond to assessment questions.</p> <p data-bbox="252 1787 1469 2078">The agency demonstrates appropriate controls on the dissemination of screening results, consistent with provision (i). The PREA Manual 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, only those staff with a supervisory role within the facility have access to the electronic screening system. Access to this system is governed by the individual user's log-on information.</p> <p data-bbox="252 2134 735 2168">Corrective Action Recommendations:</p>

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

Compliance will be measured by the facility providing the auditor with a copy of the facility's incoming receptions on a minimum of 3 randomly selected dates each month during the course of the first 90 days. The auditor will then select a representative sample of those inmates. After 7 days have elapsed, the auditor will request that the facility submit inmate movement reports and corresponding 72-hour assessments to ensure that each transfer into LCF has been assessed in accordance with provisions (a) and (b) of the standard. If compliance is demonstrated during this period, the auditor will be satisfied that the matter has been corrected.

Corrective Action Taken:

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

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

To authenticate the reliability of this risk screening log, the auditor requested computer assessment records for sixteen randomly sampled inmates on 04/14/2017. These computerized assessment reports authenticated the veracity of the information recorded within the risk screening log. When the auditor reviewed assessment data, it was found that approximately 31% of the risk screenings were not conducted within the timeframes specified by the standards. This matter was brought to the attention of the facility PREA Coordinator and an additional 30 days of assessments were requested.

On 06/03/2017, the facility provided the auditor with additional risk assessment logs through 06/02/2017. The risk assessment log indicates a marked improvement in the timeliness of risk assessments. A random sample of 3 inmates' computerized risk assessments were requested from the facility on 06/09/2017 to verify the dates on the spreadsheet. The facility responded with screenshot examples to confirm the veracity of the dates recorded within the spreadsheet. The auditor notes that the last log verified that the facility remarkably improved its administration of its risk assessments. The facility now demonstrates that it consistently meets deadlines established by the standards and administers assessments at appropriately spaced periods between the 72 hour and 30 day follow-up.

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

115.42	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. However, the lack of a 72-hour intake screening process for all incoming inmates creates an opportunity for key aspects of vulnerability to go undetected or for inappropriate housing decisions to stand based off of prior assessments should an individual have changed key criteria regarding risk, such as their identification status as a member of the LGBTI community or have experienced victimization at the agency's reception center that is not consistent with the intent of provision (a).</p> <p>05.01.140 Prisoner Placement and Transfer and the PREA Manual, which were reviewed by the auditor, establish agency policy regarding individualized safety determinations. Through informal interviews during the audit tour, staff charged with risk screening and making housing decisions were well aware of the proper use of screening information for bed assignments. While the agency demonstrates that it meets the requirements of provision (b) within its practices, there is concern about the reliability of the information that it is basing its decisions upon due to the lack of a 72-hour intake screening process for all receptions and transfers into the facility.</p> <p>The PREA Manual and policy 04.06.184 (Gender Identity Disorder), reviewed by this auditor, contains language and provisions to satisfy the standard requirements that the agency make case by case determinations for transgender and intersex housing and programming assignments consistent with provision (c). The agency PREA Administrator and facility PREA Coordinator have made the determination that LCF's open bay style housing is not conducive to the individualized privacy and safety needs of transgender inmates; therefore, the agency does not place transgender inmates at LCF.</p> <p>Policy 04.06.184 and the PREA Manual were reviewed by the auditor. Policy indicates that placement and programming assignments for transgender, intersex and GID (gender identity disorder) inmates will be reassessed twice yearly by facility medical or mental health staff consistent with provision (d). Said documents also confirm that the agency considers a transgender inmate's own views for safety when making placement decisions consistent with provision (e). The documents also confirm that transgender inmates are permitted to shower separately, consistent with provision (f).</p> <p>Policy 05.01.140 and the PREA Manual, reviewed by the auditor, address provision (g) of the standard; however, the PREA Manual provides a unique exception to place inmates in a dedicated unit when it is in the interest of the safety and security of the prisoner. This provision of the policy is open for interpretation and is contrary to the PREA Resource Center FAQ's in that the reader is led to believe that the facility has the sole right, without taking the inmate's own views with respect to safety, to determine placement. An interview with the agency's PREA Administrator clarified this point to indicate that the agency considers some of its</p>

facilities with open bay style housing to be an unsafe environment for individuals who identify as transgender or intersex; thus placing them in facilities with a high level of security and medical care to meet their transitional needs.

The PREA Administrator stated in an interview that the agency does not have any dedicated facilities or housing units that are specific to LGBTI 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.

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

Corrective Action Recommendations:

LCF is required to implement a 72-hour intake screening process to screen all new transfers into the facility to demonstrate full compliance with both 115.41 and 115.42, as any use of screening information must consider the most recent and accurate information to be effective. While LCF appears to use the information it has available from prior risk screenings in a manner that is consistent with the standard's provisions; the auditor cannot find the facility fully compliant with the standard until it demonstrates that it is making decisions consistent with 115.42 that are based upon 72-hour or subsequent screenings conducted at the facility consistent with 115.41. The facility's current decision making process for housing, programming, employment and placement decisions do not adequately consider any changes that could have occurred from the time of the initial assessment at the reception center until LCF conducts a secondary review of the initial assessment following the inmate's reception.

As noted under 115.41, this screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in gender identity, sexual orientation or history of victimization from the initial reception center. It is the auditor's belief that compliance with this standard will naturally be obtained after corrective measures under 115.41 have been employed.

Corrective Action Taken:

In support of the standard, the facility issued multiple memoranda to facility staff and agency leadership to describe the procedures necessary to use risk screening information to inform housing, work, bed, education and program assignments, with the goal of keeping separate, those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

As noted within the corrective action plan, the facility was required to implement an intake

screening process for all new receptions to the facility in order to be considered fully compliant with the standard, as compliance hinged upon having the most reliable and up-to-date information to effectively implement the standard's intent. Through the information provided in support of standard 115.41, the auditor is satisfied that the Lakeland Correctional Facility has established sufficient practice to demonstrate its commitment to perform risk screening for all inmates received at the facility. Specifically, the facility developed a secondary risk screening log that was designed to track the dates of reception, due dates of the initial 72 hour and 30-day reviews required by standard 115.41. The veracity of that log was verified through random sampling by the auditor. Through the establishment of these intake risk screening practices, the auditor is now confident that LCF is now fulfilling the requirements under this standard with the most reliable and timely information available, while also providing another opportunity to report sexual abuse that could have occurred at the preceding facility.

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

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has a robust system in place to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evidenced during the tour and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered. The Warden stated that segregation is used to protect inmates at high risk of sexual victimization when it is believed to be the only means of keeping individuals safe. She articulated that vulnerable inmates are most often persuaded to agree to placement in protective custody which is inconsistent with the intent of provision (a) of the standard. In those circumstances, such placement is limited to seven days before a hearing occurs and inmates are transferred to other facilities. The facility did not articulate through its documentation or interviews with the Warden and staff working in administrative segregation, that it conducts an assessment of all available alternatives within 24 hours or documents its restrictions. In contrast to its claims that no inmates were held involuntarily due to risk of victimization, the auditor found that an alleged potential victim was placed into segregation for approximately five days without evaluation of less restrictive placement options. Additionally, the alleged potential victim informed the auditor that he had no choice and was persuaded to agree to go to segregation. It is noted that the alleged potential victim experienced harassment from other inmates following the alleged sexual acts that the victim purported being coerced into performing.</p> <p>The alleged victim in this case appeared to be low functioning and at high risk of victimization. He reported being held in segregation for approximately five days before he was required to sign a waiver to be released from protective custody before being transferred to a smaller housing unit. The facility provided the documentation that initiated the temporary segregation placement. There is no detailed explanation as to why alternative means of separation could not be arranged nor a statement of the basis of the facility's concern for the inmate's safety. The rationale simply states that placement was staff initiated and due to the inmate's potential involvement with a PREA related incident.</p> <p>Agency policy 04.05.120 and the PREA Manual specify that inmates shall maintain access to programs, privileges, education and work opportunities. In the event such things are restricted, the facility is required to document the nature of the restrictions according to standard language. An interview with an alleged inmate victim indicates that he was persuaded to agree to protective custody against his wishes. He claimed that, during the five days he spent in protective custody, he was only let out of his cell three times to shower. The facility provided documentation that initiated the temporary segregation placement. There is no record regarding limitations to work, programming, educational opportunities and privileges that have been restricted.</p> <p>During a tour of the segregated unit, it is clear that once an inmate is placed into segregation that opportunities are limited. Staff who supervise inmates in segregated housing report that once an inmate is placed into segregation, they don't receive access to programs, privileges, education or work opportunities. This response implies that limitations to opportunities noted within the standards are possible; however, the staff person also stated that there was no way</p>

of knowing if an inmate had been placed into segregation for risk of victimization. The agency policy has provisions for the documentation of restrictions that do not appear to be practiced by the facility in this case.

There was no evidence of inmates being placed in involuntary segregation in excess of 30 days. Policies are in place to afford reviews as necessary.

Although the auditor cites one example of this practice, it should be emphasized that the cited example occurred within two weeks of the audit taking place and was unwittingly discovered. Through interviews with specialized and random staff, the use of temporary segregation was explained as usual protocol and not consistent with agency policy or provisions (a), (b) and (d) of this standard.

Corrective Action Recommendation:

LCF will be required to demonstrate consistent application of agency policy and prove that it uses administrative segregation in accordance with provision (a) for inmates determined to be at high risk of victimization. Placement beyond 24 hours should be supported by a documented assessment of why alternative placements cannot satisfy the inmate's safety needs. The facility will also be required to document any and all programs limited consistent with the requirements under provisions (b) and (d) of the standard.

The cited placement in involuntary segregation was not clearly defined as arising out of high for risk of victimization or the PREA allegation made by the inmate, as the CAJ-1019 and CSJ-686 forms seem to indicate a possibility for both alternatives. The auditor will require LCF to provide copies of all incoming segregation records for a period of 60 days to ensure that the facility is not using this form of placement as a means to protect individuals at high risk of victimization. The auditor will require the facility to send corresponding CSJ-686 forms as proof. If the facility demonstrates that it uses segregation in accordance with 115.43 to protect inmates at high risk of victimization during this period, compliance will be met.

Corrective Action Taken:

During the course of the corrective action period through 06/02/2017, LCF sent all temporary segregation admission records to the auditor for review. These records included admissions for any reason, such as physical assault, fear of assault and threat of harm. Through a review of these records, the auditor has been able to confirm that no inmate has been placed in administrative segregation due to their risk of victimization, consistent with provision (a) (b) and (d) of the standard. Therefore, it is found that LCF is now compliant with all provisions of standard 115.43.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency provides multiple avenues for inmates to report elements required by the standards. These reporting methods are continuously available through the Prisoner Guidebook and are also prominently advertised throughout the facility on posters. Staff are keenly aware of their obligations to immediately accept and act on any reports from an inmate, whether they be verbally or in writing. A review of facility investigations reveals that verbal reports were promptly received and forwarded for investigation. Written reports received via grievance were also promptly forwarded for investigation. Staff were aware of means to make private reports; however, this auditor was left with a sense that staff felt comfortable taking action through their chain of command should they have knowledge of sexual abuse or harassment. While the facility does have a means for inmates to privately report to a third party outside of the agency, generally inmates who were prompted were able to affirmatively identify the Legislative Ombudsman as the designated source for receiving such complaints.</p>

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency issued DIRECTOR'S OFFICE MEMORANDUM 2016 – 29 effective April 27, 2016 to process PREA related grievances. This memorandum establishes agency procedures in lieu of pending agency policy updates. The contents of the memorandum mirror the language contained within the standards and allow for the processing of grievances for sexual abuse within the time-frames designated by the standards. Third parties are able to assist with or file grievances on behalf of an inmate. Proper precautions are in place to ensure that grievances are neither submitted to the subject of the complaint nor answered by the subject of the complaint. Emergency grievance procedures are in place to ensure that the Warden addresses concerns for imminent sexual abuse within forty-eight hours and formally responds within five days. Discipline may only be imposed when a complaint is unfounded and could have led to improper disciplinary action against another. Any such misconduct would be issued at the discretion of the Warden to demonstrate the agency's commitment to ensuring only "bad faith" filings are addressed with discipline.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency and the facility have made collaborative efforts to establish relationships with outside victim advocacy services and documented the efforts as required by the standards. Despite the lack of a formal agreement, the agency and facility maintain a copy of the PREA Resource Center's An End to Silence to provide information on statewide and national organizations that inmates may access. Policies regarding the inmate use of the telephone and mail system provide adequate notification of the level of monitoring conducted by the facility when contacting any agency listed within the An End to Silence resource book.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 03.03.140, the PREA manual and work rules published within the Employee Handbook confirm that staff are required to report all elements denoted within the standards. Local operating procedure 03.03.140 dictates that staff at LCF are responsible for making reports to their immediate supervisor. The agency has robust policies and work rules in place to ensure that all staff who receive allegations of sexual abuse, sexual harassment, retaliation and dereliction of duty are required to document such reports, bring them to the attention of appropriate supervisory staff and forward the matters for investigation regardless of the source of their origination.</p> <p>Policy 03.03.140 and the PREA Manual contain distinct prohibitions against sharing any information received from a sexual abuse report. 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.</p> <p>Although the facility does not house juvenile inmates to require mandatory reporting under applicable state law, the agency has appropriate procedures in place to ensure victimization of youthful offenders is reported to appropriate state agencies. Through agency policy and interviews with the PREA Administrator, the agency has procedures in place for making necessary mandatory reports. Such reports have not come from LCF; however, the agency has experience forwarding such reports to applicable state agencies. Medical and Mental health practitioners are required to disclose their limitations on confidentiality and are required to make reports to appropriate supervisory staff when allegations are received.</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 05.01.140 and the PREA Manual 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>Through a review of investigation materials, the facility utilized a combination of a Stop order against the alleged abusing staff member and administrative custody for the alleged victim until a transfer to another facility could be effectuated for protective measures. An investigation involving two inmates resulted in the victim requesting and being placed in administrative segregation.</p> <p>All staff who were interviewed recognized their need to take immediate action to protect a potential victim. Five randomly interviewed staff mentioned placing the potential victim in segregated housing as a solution to the separation element with supervisory approval. This could be corrected with training on victim centered approaches that emphasize the use of segregation as a last resort. While these individuals would ultimately not have the ability to make such a decision on their own, further educational efforts to ensure that all alternatives are considered prior to the use of administrative custody may be appropriate.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. 03.03.140 V does not specify that allegations must be forwarded by the facility head to facilities outside of the Department. The forwarding of the document by the PREA Administrator does not comply with the facility head requirement of provision (a) of the standard. Policy directs that notifications must be forwarded within 72 hours, consistent with provision (b) and documented via email consistent with provision (c) of the standard. The facility claims that it received no allegations of sexual abuse that were reported to have occurred in other facilities.</p> <p>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 designee and the Warden both confirm that allegations received from other confinement facilities are properly investigated. The facility reports on the PAQ, through interviews with the facility PREA Coordinator and through the auditor's review of facility investigations, it was determined that LCF has not received notification consistent with provision (d) regarding any allegation that was not previously investigated. Through interviews with the agency head designee, the Warden and the facility PREA Coordinator, the auditor is satisfied that sufficient procedures are in place to address allegations consistent with provision (d) of the standard should they be reported.</p> <p>Corrective Action Recommendations:</p> <p>The agency will be required to revise its policies regarding notification of alleged sexual abuse outside of the MDOC to ensure that such reports are made by the facility head of the facility receiving the report. The forwarding of this document by the agency PREA Administrator is not consistent with the specific language within provision (a) of the standard. Due to the lengthy delays associated with policy changes within the agency, this agency and facility may satisfy this corrective measure through the issuance of a Director's Office Memorandum and demonstration that this DOM is forwarded to agency PREA Coordinators and Wardens, including LCF.</p> <p>Corrective Actions Taken:</p> <p>The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section X specifically addresses the need for the Warden to forward all allegations to the facility head or office of the agency where the allegation is alleged to have occurred when the allegation pertains to a non-MDOC facility.</p>



115.64	Staff first responder duties
	<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 1484 488">The PREA Manual, which was reviewed by the auditor, requires the first responding security staff member to take the four actions specified by provision (a) of the standard to ensure the safety of the victim and preservation of any forensic evidence should the allegation have taken place within a period of time for the collection of such evidence from the victim and the abuser.</p> <p data-bbox="248 539 1473 1003">A review of investigations calls into question whether four steps specified under provision (a) of this standard were completed for two inmates who reported sexual abuse. Specifically, investigative documents IA-16-16659 makes no reference any specific medical follow-up after the alleged victim reported a sexual relationship with a staff member nor any request of the victim not to take actions which could destroy evidence. It is not apparent that a forensic examination was conducted after the inmate made the allegation of a sexual encounter with the staff member occurring one day before the report. The only indication that medical follow-up was provided at the facility was on form CAJ-1024-PREA Sexual Abuse Investigation Worksheet which was unsigned, undated and did not include the dates and times of the medical treatment. Moreover, this form also indicates that a forensic examination was not conducted; however, did not provide an explanation why.</p> <p data-bbox="248 1055 1484 1518">Additionally in AIPAS 16058, there is no reference to any medical follow-up within the investigatory file after the alleged victim reported a sexual relationship with a staff member, nor is there any request of the victim not to take actions which could destroy physical evidence once the facility was made aware of the alleged sexual relationship. Documentation within the file indicates that the facility was aware of the potential sexual nature of the relationship as early as 12/1/15 when it sent a request to MSP to investigate a PREA incident. As of this date, it was still within the time period to collect any potential physical evidence from the alleged inmate victim based on the the suspected sexual encounter on 11/28/15 which initiated the investigation. Again, there is no reference to a forensic examination, despite the fact that the alleged sexual encounters occurred within the time period for collection of potential forensic evidence.</p> <p data-bbox="248 1570 1484 1729">Based on the foregoing examples noted within a review of facility investigations, the facility has not demonstrated that it consistently takes the actions required by provision (a) of the standard once the allegation is known and falls within a time period where there is the potential to collect physical evidence.</p> <p data-bbox="248 1780 738 1816">Corrective Action Recommendations:</p> <p data-bbox="248 1868 1473 2157">LCF will be required to demonstrate that it takes appropriate actions to preserve any crime scene and collect physical evidence when the allegation is known within a time period that permits the collection of forensic evidence. The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see within those investigations that the facility takes the appropriate measures required by provision (a) of the standard to preserve any crime scene and collect physical evidence, including forensic examinations where appropriate. Should the</p>

facility not have an investigation or an investigation involving the potential to collect physical or forensic evidence during that 90 day period. If an example does not present itself during the 90 day period, corrective action will continue until 150 days at which point an instructional memorandum will be disseminated to facility investigative staff and comprehension will be acknowledged by all recipients.

Corrective Action Taken:

During the corrective action period, LCF provided confirmation that training was given to staff to reinforce first responder procedures. This training included a refreshment of local operating procedure for 03.03.140. Additionally, the facility provided proof that it took steps to preserve physical evidence related to sexual abuse. The facility received an allegation of forced oral penetration on 02/11/2017 that was alleged to have occurred 48 hours prior to report. The facility took the steps required by 115.64 to ensure that the alleged victim took no further action to potentially destroy physical evidence before the alleged victim could be transported to an outside hospital for a forensic examination. Although the facility took the alleged victim a SANE examination, due the victim reportedly brushing their teeth and washing before the allegation was made; the SANE determined a forensic exam would not be conducted. Although the examination was not conducted, the auditor clearly notes the facility took the actions that it was required to take under 115.64.

Based upon additional training provided by the facility to its staff and demonstration of its handling of investigation 19985; the auditor is satisfied that LCF has sufficient procedures in place to respond to allegations of sexual abuse and preserve evidence when possible.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility has developed its own operating procedures for agency policy 03.03.140. The document titled Facility OP 03.03.140 describes the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. The Warden described the facility's plans to ensure the safety of those reporting sexual abuse and sexual harassment.

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 mirrors the language 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. All agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates. 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.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 03.03.140 and the PREA Manual 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 LCF, the Prison Counselors are responsible for monitoring.</p> <p>The agency employs 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. Through a review of facility investigations, LCF demonstrated the use of STOP orders against staff who were alleged to have committed acts of sexual abuse, housing unit transfers, facility transfers, termination of contract staff and the use of segregation to protect victims. While there is concern regarding the appropriateness of the use of segregation for alleged victims of sexual abuse that will be addressed under standard 115.68; the agency and the facility does demonstrate that it takes immediate action to ensure protections against retaliation are put into place.</p> <p>The PREA Manual states that individuals who report sexual abuse and sexual harassment or cooperate with such investigations are monitored for 90 days unless the allegation is unfounded, at which time, retaliation monitoring would cease. In the event retaliation is observed, policies ensure that it is remedied promptly and that monitoring can be extended beyond 90 calendar days if necessary. Monitoring is conducted by a review of multiple observable factors and face-to-face meetings.</p> <p>Through a review of a recently reported allegation, the facility demonstrated multiple actions to address an alleged victim's experience of harassment, following the report of sexual abuse. The victim was placed in segregation and then ultimately moved to another housing unit.</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews with facility staff indicates a lack of awareness on the prohibition against placing inmates who have reported victimization into segregation. Some staff presumed that inmates who reported sexual victimization could be placed into segregation.</p> <p>A review of investigations from the facility indicates that facility practice is not in line with the agency PREA Manual's prohibition against placing alleged victims of sexual abuse in segregated housing unless it is the only means by which to keep the alleged victim safe. Specifically, a review of investigations calls into question the facility's practice of issuing misconducts to two inmates who reported sexual relationships with staff.</p> <p>Investigative documents for IA-16-16659 indicate that the alleged victim was placed into segregation on 02/11/2016 and not released until 02/23/2016. This was after he reported a consensual sexual relationship with a staff member. Available information within the investigative file does not articulate the basis for this placement in segregation, nor the opportunities limited and why those opportunities were limited. Although the agency PREA Administrator attempted to explain that the alleged victim was kept in segregation due to the potential belief that the prisoner was also attempting to escape from the facility; this verbal explanation is not consistent with documentation within the file nor is it consistent with the documentation requirements of 115.43 to find compliance with this standard.</p> <p>In AIPAS 16058, documentation within the file indicates that the facility was aware of the potential sexual nature of the relationship as early as 12/1/15 when it sent a request to MSP to investigate a PREA incident between the inmate victim and the staff member. The alleged victim was issued a misconduct on 11/28/2015 and secured in temporary segregation until MDOC Mirandized and interviewed on 12/07/2015 for engaging in "Sexual Assault-staff victim" (according to misconduct report 20736). The alleged abusing staff member in this encounter was placed on a stop order from the institution on 12/01/2015; verifying that there was no need for continued protection from the alleged abuser. The investigation concluded that a consensual sexual relationship existed. Again, available information within the investigative file does not articulate the basis for this placement in segregation, nor the opportunities limited and why those opportunities were limited consistent with 115.43.</p> <p>An interview with an inmate who reported sexual abuse approximately two weeks prior to the audit claimed that he did not wish to be placed into protective custody; however, was persuaded to agree to such placement after his alleged victimization and reporting harassment from other inmates in his unit resulting from the alleged incident of sexual abuse. The alleged victim in this case appeared to be low functioning and at high risk of victimization. He reported being held in segregation for approximately five days before he was required to sign a waiver to be released from protective custody before being transferred to a smaller housing unit. The facility provided the documentation that initiated the temporary segregation placement. There is no detailed explanation as to why alternative means of separation could not be arranged nor a statement of the basis of the facility's concern for the inmate's safety consistent with 115.43.</p>

Corrective Action Recommendations:

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

Corrective Actions Taken:

During the course of the corrective action period through 06/02/2017, LCF sent all temporary segregation admission records to the auditor for review. These records included admissions for any reason, such as physical assault, fear of assault and threat of harm. Additionally, the facility sent record of all sexual abuse investigations conducted during the corrective action period. Through a review of these records, the auditor has been able to confirm that no inmate has been placed in administrative segregation due to a report of being sexually abused, consistent with the standard. Therefore, it is found that LCF is now compliant with all provisions of standard 115.68.

115.71	Criminal and administrative agency investigations
	<p data-bbox="248 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 1485 573">Agency policy 03.03.140 and the PREA Manual requires that Department investigators receive specialized training from the Training Division to be able to conduct sexual abuse investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="248 622 1485 1003">LCF provided training records to demonstrate that approximately 20 staff at the facility had completed Basic Investigator's Training. However, during an interview with an investigative staff member, it was revealed that only a limited pool of investigators are assigned sexual abuse and sexual harassment investigations. An interview with a facility investigator demonstrated a layman's understanding of Garrity and Miranda warnings. Furthermore, the investigator struggled to explain the preponderance of the evidence standard and failed to convincingly articulate the concept of an act being more likely to have occurred than not. It is recommended that this portion of the training be reviewed, preferably by legal staff, with active investigatory staff.</p> <p data-bbox="248 1052 1485 1518">An element that is of concern to this auditor is the use of the investigatory questionnaire. This questionnaire is a predetermined set of questions that the investigator would ordinarily ask during the course of an investigation. Employees are permitted to take the questionnaire with them and have up to 24 hours later to submit the questionnaire after conferring with union representation. Furthermore, it is written into the language of the Corrections Officer's collective bargaining agreement that employees have not only 24 hours to respond to the questionnaire, they have an additional 24 hours after submitting the questionnaire to amend their responses. Inmates may also be "interviewed" by questionnaire. This practice lends itself to the opportunity for individuals to collude. A review of facility investigations reveals the practice of statements being taken solely by questionnaire or other forms of written statements without reference to an in-person interview.</p> <p data-bbox="248 1568 1485 1859">The standard requires that investigators interview alleged victims, suspected perpetrators and witnesses. Agency and facility practice is to permit an investigative questionnaire to stand as the investigatory interview, which does not appear to be consistent with this provision (c) of the standard. This places individuals who are intellectually disabled, under-educated or illiterate at a distinct disadvantage to benefit from the investigatory process. Moreover, this creates the opportunity for alleged abusers to collude and unify statements to compromise and undermine the investigative focus.</p> <p data-bbox="248 1908 1485 2157">In a review of two investigations, it was noted that the facility made referrals to MSP for criminal investigation. The facility did not compel interviews in these cases. A facility investigator reported that all individuals interviewed are considered credible unless contrary information is found to disprove their credibility. A review of investigations indicate that staff actions are considered during the course of investigations. Reports are generated to outline both physical and testimonial evidence, credibility assessments and investigative facts.</p>

Supporting documentation is also referenced that either proves or disproves the investigative outcome. The PREA Manual specifies that investigations will continue despite the departure of any alleged abuser. The facility demonstrated follow-through with an investigation when the alleged victim died approximately one week after an allegation had been made. Interviews with key staff support the fact that facility staff are required to comply with outside investigators and the facility Inspector is the responsible party for ensuring coordination with the MSP. The PREA Manual 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.

The facility did refer two inmate victim cases for prosecution. In one instance the alleged perpetrator was not charged because the prosecutor deemed the alleged victim and the alleged perpetrator were both "consenting adults" and no criminal sexual conduct occurred. In the second example, the inmate victim declined to cooperate with prosecutors because he did not wish to see the perpetrator lose her pension and therefore, the prosecutors did not proceed. It is determined that the facility did comply with this provision of the standard; however, it was the prosecutor's office that failed to pursue criminal charges for substantiated criminal behavior.

Corrective Action Recommendations:

To become compliant with this standard, the facility will be required to implement procedures to physically interview pertinent parties to each allegation to augment any written questionnaire responses. The facility must document within its investigations, attempts to interview inmates who do not respond to questionnaires. Relying on questionnaires and written statements without an in-person interview compromises the integrity of an investigation and is not considered a sound investigative process for various reasons—two notable reasons include that it is not a standard operating procedure of community law enforcement investigators and it creates a barrier for illiterate individuals. Additionally, the agency's own training materials for facility investigators address the distinction between interviews and questionnaires, specifically the training defines an interview as a conversation with a purpose, which is not possible through a questionnaire and cautions against the overuse of these tools.

The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see interview summaries within each facility investigation that clearly reference a physical interview with all parties to the allegation, including victim, perpetrator(s) and witnesses. Should the facility not have an investigation within the 90 day period; corrective action will continue until such time as an investigative report demonstrating compliance or 180 days have been exhausted.

Corrective Action Taken:

Corrective Action Taken:

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

victim, perpetrator and sufficient witnesses to establish the facts.

During the course of the audit period, the facility reports it only conducted two investigations. One investigation was for sexual harassment and the other for an instance of sexual abuse. The sexual harassment investigation was initiated on 01/27/2017 and did not include interviews with all applicable parties. Specifically, the two staff members involved in the investigation simply provided written statements or completed investigative questionnaires. The auditor notes that the facility did not issue a memorandum to clarify this specific requirement to LCF investigators until 02/06/2017; therefore, the facility was already underway with this investigation before necessary changes were implemented under the corrective action plan.

The second investigation (19985) was initiated on 02/11/2017. The auditor notes that this investigation included interviews with all applicable parties pursuant to the direction provided by the Warden on 02/06/2017. The facility's demonstration that it actively implemented revised investigative procedures immediately after the Warden issued a directive for all parties to be interviewed during investigations provides sufficient proof to the auditor that the facility has taken the appropriate measures to meet compliance with the standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Manual and the Basic Training Manual clarify the agency's standard of proof is to be the preponderance of the evidence. A review of an investigation; however, indicates that the facility did not apply this standard due to contradictory actions employed between the alleged inmate victim and alleged contract staff abuser. Specifically, the contract staff person was observed via video permitting the inmate to slap her on the buttocks. The two were also observed on video going into the commissary room alone for over four minutes. In a subsequent investigation, the alleged inmate victim reported engaging in oral and vaginal sexual activity with the alleged contract staff abuser approximately seven times during the course of one week to include the incident that was captured on video previously mentioned. The alleged victim produced evidence of being in possession of the alleged abuser's personal contact information under an alias.</p> <p>Before interviewing the inmate victim, facility staff issued Miranda warnings and a misconduct for Sexual Assault with a staff victim and then placed him into segregation. The investigation concluded that no "profound" evidence existed to find the allegation occurred against the contract staff member who was in a position of authority over the inmate before being terminated by the contractor on suspicion of over-familiarity.</p> <p>The assumption that no "profound" evidence existed to prove the allegation, despite the issuance of a misconduct to the inmate for the very same behavior, indicates that the proper standard of proof is not consistently applied.</p> <p>Corrective Action Recommendations:</p> <p>The facility will be required to conduct additional training with its investigators to cover the proper standard of proof to arrive at conclusions within PREA investigations. This training should cover the fact that "profound" evidence is not required to substantiate PREA allegations, there must merely be a tipping of the scale towards an event that it more likely occurred than not (roughly 50.1%). This training can be completed in the form of a memorandum. Proof of dissemination of this memorandum to facility investigators can be accomplished via email correspondence that is forwarded to the auditor to satisfy compliance.</p> <p>Corrective Action Taken:</p> <p>A memorandum dated 02/06/2017 was sent from the Warden to all Lakeland investigative staff explaining the three types of dispositions available for PREA investigations along with the criteria necessary for each of the findings. The memorandum further defines preponderance of the evidence and that the preponderance of evidence standard must be applied to every PREA allegation that is investigated.</p>

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 528">Agency Policy 03.03.140 and the PREA Manual dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. While the facility reports only two sexual abuse investigations were completed within the past 12 months that required notification on the PAQ, a review of investigations reveals this statistic is inaccurate and inconsistent with statistics reported with other provisions of the standard.</p> <p data-bbox="252 584 1484 875">While the facility provided notification in the two cited examples, a review of other investigatory packets for sexual abuse allegations also included notification of investigatory results. However, an investigation involving a substantiated allegation of sexual abuse against a staff member and another staff investigation involving a contract employee who was terminated on suspicion of over-familiarity did not contain documentation to support that the alleged victim had been notified of investigatory results. These files also did not contain documentation to support that the alleged victims were notified of a staff severance.</p> <p data-bbox="252 931 1394 1088">In the cited examples of investigatory files lacking appropriate documentation of victim notification, it is acknowledged that the alleged victims were transferred to other MDOC facilities. This may be an identified opportunity for the facility to establish procedures for ensuring proper and consistent victim notification.</p> <p data-bbox="252 1144 1484 1435">Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), indicate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Agency policy is found non-compliant with provision (c) of this standard. Specifically, the PREA Manual specifies that notification of the factors enumerated in provision (c) of the standard are only provided for Substantiated/Sufficient Evidence allegations that a staff member sexually abused a prisoner.</p> <p data-bbox="252 1491 737 1525">Corrective Action Recommendations:</p> <p data-bbox="252 1581 1484 1951">Agency policy is not compliant with provision (c) of this standard. Specifically, the PREA Manual specifies that notification of the factors enumerated in provision (c) of the standard are only provided for Substantiated/Sufficient Evidence allegations that a staff member sexually abused a prisoner. The agency policy will require updating to allow for notification for the factors enumerated under provision (c) to when an investigation results in a finding of insufficient evidence/Unsubstantiated. Due to the delays associated with policy revisions, this corrective action can be accomplished via a memoranda that is accompanied by proof of distribution to all facility PREA Coordinators to satisfy compliance while policy revisions are pending.</p> <p data-bbox="252 2007 1484 2163">Additionally, LCF will be required to demonstrate that it consistently notifies all alleged inmate victims of the investigatory outcomes, severances of staff perpetrators and movement of staff perpetrators in accordance with provision (c) of the standard. These notifications or attempted notifications will be documented, consistent with provision (e) of the standard. Compliance will</p>

be measured through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see documentation of inmate notifications for all factors applicable under provision (c) of the standard. If an example does not present itself during the 90 day period, corrective action will continue until 150 days at which point an instructional memorandum will be disseminated to facility investigative staff and comprehension will be acknowledged by all recipients.

Corrective Actions Taken:

Corrective Action Taken:

The agency revised its PREA related policy 03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS. This auditor was provided a copy of this revised policy on 03/15/2017 for review and noted that section VV specifically addresses the need to notify prisoners of the factors enumerated under provision (c) of the standard for all allegations unless the investigation determines the claim was unfounded. The facility also provided copies of documentation to verify that it notified the victims in the two investigations conducted during the corrective action period to demonstrate its compliance with all provisions of the standard.

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 clearly establish that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies. Staff sanctioning matrix provided in 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse. 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. It is noted that a contractor had been terminated by the contract agency for suspected violations of over-familiarity policies. A review of investigations revealed that the facility did refer both instances where staff resigned or were terminated to law enforcement. There was no documented evidence that a facility Licensed Practical Nurse (LPN) was referred to licensing bodies following the determination that she engaged in sexual abuse of an inmate and her resignation related to this behavior which demonstrates non-compliance with provision (d) of this standard.</p> <p>Corrective Action Recommendations:</p> <p>LCF will be required to demonstrate referral of licensed staff members to appropriate licensing bodies when those staff members resign during the course of an investigation or are found to have engaged in sexual abuse. The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see that the facility refers any known staff abusers or those resigning in lieu of investigation/termination to relevant licensing bodies, including referral of the staff member in the cited investigation. Should the facility not have an investigation or an investigation involving a licensed staff member during that 90 day period; corrective action will continue until such time as an investigative report demonstrating compliance or 180 days have been exhausted.</p> <p>Corrective Action Taken:</p> <p>During the corrective action period, the facility provided evidence that the originally cited case of non-compliance under provision (d) was referred to the relevant licensing board for investigation to demonstrate that it had in fact been compliant with the standard at the time of the audit.</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, 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 preemptively be terminated or barred from the facility. 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.</p> <p>In a reviewed investigation, a contract staff person was terminated by the contractor for suspected over-familiarity with an inmate, despite the investigation's conclusion that no "profound" evidence existed. This instance was referred to law enforcement for investigation. This individual was also placed on a STOP order to prevent further contact with inmates after the suspected abuse was known.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy 03.03.105 and the PREA Manual pair to confirm that inmates are only subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that sexual abuse occurred. A review of an investigation confirms that an inmate misconduct was written after the administrative finding was substantiated that the alleged abuser engaged in an act of sexual abuse. This misconduct was subsequently heard by a hearing officer and a finding of guilt established before five days of detention and twenty days loss of privilege was imposed. Agency policy 03.03.105A and 03.03.105D establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment. Agency policy 03.03.105 establishes procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed. An interview with the Warden confirms that the facility implements the agency's policy.</p> <p>The facility reports no direct experience placing inmates into programming for sexual offenders following a substantiated act of sexual abuse between inmates. Facility mental health staff described an evaluation procedure that would require the administration of the MDOC's assessment tools (Static 99 and Stable) to determine any relevant treatment need. The PREA Manual prohibits disciplinary action against an inmate for making a report in good faith based upon a reasonable belief that an alleged act occurred. The PREA Manual indicates that inmates who engage in consensual sexual activity may be disciplined and sanctioned according to policy 03.03.105.</p> <p>As evidence of non-compliance, a review of an investigation reveals that the alleged victim was issued a misconduct and placed into temporary segregation for Sexual Assault (staff victim) after reporting a sexual relationship with a contract staff member. There was no administrative finding to indicate that the staff member did not consent to the act to support this misconduct being issued at the time it was issued.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. The agency screening procedures relative to 115.41 indicate that a 72-hour, full intake screening instrument is completed at reception centers only. If sexual victimization is reported during that intake screening, medical and mental health services are offered at the reception facility. Given that the 72 hour, full intake screening instrument is not replicated upon transfer and placement at subsequent MDOC facilities, such as LCF, it stands to reason that no records would exist to measure compliance with this standard at LCF. Although each inmate is provided medical and mental health examinations at the reception center to fulfill the obligations of this provision by default, theoretically, it is possible that an inmate could experience victimization at reception centers which may not be captured by the facility to which they are transferred. Moreover, the facility does not maintain secondary logs to verify that medical and mental health evaluations have taken place for inmates who have reported sexual victimization.</p> <p>Agency policy 03.03.140 and the PREA Manual 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 Department has a specific form that must be filled out to verify consent prior to disclosure.</p> <p>The facility was found to not meet compliance with standard 115.41 based partly on its lack of a 72-hour intake assessment process for inter-facility transfers. Until intake screening procedures are established for inter-facility transfers and the implementation of secondary logs to document that victims and perpetrators are referred within appropriate time frames, the agency and this facility cannot accurately document or report compliance with provision (b) of this standard.</p> <p>Corrective Action Recommendations:</p> <p>LCF is required to implement a 72-hour intake screening process to screen all new receptions and transfers into the facility to demonstrate compliance. This screening process shall consist of the use of the initial victim and aggressor screening tools and not a review of the previous assessment that was completed at the reception center. Intake staff shall affirmatively address each question on the victim and aggressor scales to ensure each new reception to the facility has the opportunity to address any changes in history of victimization or perpetration from the initial reception center.</p> <p>LCF will be required to maintain secondary logs related to referrals for medical or mental health services consistent with provisions (a) and (b) of this standard. This secondary documentation can be in the form of a spreadsheet that lists the name and number of each inmate referred for services or in the form of a copy of the agency's mental health referral form (ROBERTAR). Regardless of the facility's preferred method of maintaining secondary logs, LCF will be required to clearly demonstrate the nexus between an inmate's responses to</p>

the 72-hour screening log to any subsequent mental health referral to address instances of purported victimization or perpetration of sexual abuse.

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

Corrective Action Taken:

On 05/01/2017 the facility provided the auditor with secondary documentation to confirm that referrals were made for follow-up mental health/medical care of individuals who disclosed victimization during the intake risk screening process required by standard 115.41. A total of three individuals reported victimization and referrals were made and completed in three of the cases.

On 06/02/2017, the facility sent secondary materials in the form of mental health contact notes for two individuals identified on its most recent risk screening tracking log who required follow-up mental health evaluations for reports of previous perpetration of sexual abuse in support of compliance with the standard.

Based on evidence that intake risk screening procedures have been established as required under standard 115.41, the facility's secondary logs that document individuals who disclosed victimization and perpetration during said screenings, evidence of appropriate referrals to mental health care providers and secondary documentation that the referrals were acted upon; this auditor determines the facility has developed adequate procedures to ensure compliance with provisions (a) and (b) of the standard. Therefore, the auditor now determines compliance with the standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual 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 consistent with community standards and is determined by the judgement of the practitioner.</p> <p>Interviews with mental health staff confirm that a response occurs within 24 hours of an allegation. Medical staff confirmed that responses are conducted immediately and treatment is rendered so long as the inmate agrees. The PREA Manual contains language that mirrors the standard's language for provision (b). Random staff interviews confirm that security staff are aware of their need to contact medical providers upon learning of a sexual abuse allegation.</p> <p>The PREA Manual explains access to emergency services for victims of sexual abuse. Inmates are educated upon reception and provided with a PREA Brochure that highlights medical contact information and services they are entitled to receive free of charge. A review of an investigation confirmed that an alleged victim was transferred for a forensic examination that was completed without cost.</p>

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 1477 573">Agency policies 03.04.140, 03.04.125, 04.06.180 and the PREA Manual combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. The agency uses a form, referred to as ROBERTAR-CHX 212, to document the inmate's referral to mental health staff following an allegation of sexual abuse. A review of investigations demonstrates inconsistent completion of the ROBERTAR forms for mental health referrals and inconsistent documentation of medical evaluations.</p> <p data-bbox="252 629 1477 1088">Notably, in investigation IA-16-16659, there are no dates, times or signatures recorded on the CAJ-1024 Sexual Abuse Investigation Worksheet to verify that medical and mental health referrals were made consistently with what the check boxes on said forms appear to indicate. Moreover, the investigation makes no reference to any medical or mental health response in this particular investigation. In a second investigation (16058), there are no references within the investigative packet to confirm that any referral for medical or mental health services occurred following the proven allegation of sexual abuse. In correspondence with the facility's PREA Coordinator, it was reported that the victim in this case was not provided medical or mental health attention due to the belief that he was engaged in a possible escape attempt at the time the incident was originally discovered. No documented attempts to follow-up with these referrals were made once sexual abuse of the inmate victim was confirmed.</p> <p data-bbox="252 1144 1477 1559">Agency policies 03.04.100, 04.06.180 and the PREA Manual combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with facility mental health staff confirmed that an assessment of adjustment would be conducted, diagnostic checklists would be completed and ongoing assessment over time would be used to determine treatment needs. Both medical and mental health staff confirmed that the level of care provided to inmate victims is consistent with a community level of care. Providers are licensed and required to provide consistent levels of care with what is required in the community. An interview with an inmate who reported sexual abuse confirmed that he received a medical evaluation and was the recipient of ongoing mental health services.</p> <p data-bbox="252 1615 1477 1939">Agency policy 03.04.100 and the PREA Manual state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate. An interview of an inmate victim who was allegedly forced to perform oral sex on another inmate revealed that he was not provided testing for sexually transmitted infections as of the date of the interview. Additionally, a review of an investigation and through correspondence with the facility PREA Coordinator, it was verified that a confirmed inmate victim was not provided medical attention because it was originally believed that he was involved in an escape attempt at the time the incident of staff sexual abuse was discovered.</p> <p data-bbox="252 1995 1477 2152">Agency policy 03.04.100 and the PREA Manual specify that treatment is provided to victims of sexual abuse, free of charge, regardless of their cooperation with any ensuing investigation. The facility does not house female inmates, so those provisions of the standard were not applicable to this audit.</p>

The PREA Manual 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. LCF had one instance of substantiated inmate on inmate sexual abuse where it is documented that the perpetrator was referred for a mental health evaluation.

It is recommended that the facility develop an email notification system as an "alert" to all disciplines involved in the chain of events that follow a sexual abuse allegation. This will serve as documentation of necessary referrals for services that are required. Each discipline can then be responsible for maintaining their own tracking mechanism for delivery of services since it was found that the CAJ-1024 forms are not consistently completed within the investigatory files.

It is also recommended that the facility implement 72-hour intake screening procedures as noted under standard 115.41 so that it has the means to accurately identify those individuals qualifying for services under provisions (a) and (h) of this standard.

Corrective Action Recommendations:

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

Compliance will be measured by the facility providing the auditor with a copy of all applicable referrals for medical and mental health treatment evaluation or continuation records for treatment that may have been initiated at the reception center and continued at LCF, consistent with this standard during the first 90 days of the corrective action period. The auditor will also measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see documentation of medical examinations for all purported victims of sexual abuse involving contact and mental health examinations for all who allege sexual abuse. Documentation of medical and mental health evaluations should include dates and times of the evaluation as well as the specific referral information that prompted the evaluation. Any applicable ongoing treatment records (such as progress notes) which were prompted by the evaluation relative to this standard must also be provided to the auditor to satisfy compliance with provisions (a) and (f). Furthermore, the auditor will expect to see that STI testing was completed for the known victim in 16659 and the investigation involving the inmate who was interviewed onsite by the auditor who alleged sexual abuse.

Corrective Actions Taken:

On 05/01/2017 the facility provided the auditor with secondary documentation to confirm that referrals were made for follow-up mental health/medical care of individuals who disclosed victimization during the intake risk screening process required by standard 115.41. A total of three individuals reported victimization and referrals were made and completed in three of the cases.

On 06/02/2017, the facility sent secondary materials in the form of mental health contact notes for two individuals identified on its most recent risk screening tracking log who required follow-up mental health evaluations for reports of previous perpetration of sexual abuse in support of compliance with the standard.

Additionally, a mental health evaluation was provided to demonstrate that services were provided to an inmate who was suspected of having sexual contact with his cellmate. While preliminary inquiry procedures ruled out a sexual abuse allegation; the facility took proactive measures to have the inmate evaluated by mental health staff as part of its procedures to rule out victimization of the individual.

Based on the risk screening procedures established under 115.41, the facility now has adequate procedures in place to identify all facility victims of sexual abuse and sexual abusers. It demonstrates trauma informed responsiveness to individuals as required by the standard.

115.86	Sexual abuse incident reviews
	<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 1460 571">The PREA manual 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. A review of facility investigations reveals that such a review was completed in one investigation and was included within the investigatory file. However, a review of five other sexual abuse investigation files reveals an absence of this sexual abuse incident review.</p> <p data-bbox="252 616 1484 996">From the lone Sexual Abuse Incident Review that was provided by the facility in support of this standard, it is noted that the review took place 48 days after the investigation concluded. It is recommended that the facility develop tracking mechanisms to ensure that incident reviews are being conducted within the time-frames established by the PREA Manual. The facility did involve upper-level managers, investigators and line supervisors in the review. Medical and mental health practitioners may have had input into the complete of the incident review report; however, it is not notated on the form, what, if any, input was provided. It is recommended that medical and mental health input be recorded on the review form or records attached to the review to demonstrate compliance with the standard.</p> <p data-bbox="252 1041 1476 1254">Agency form CAJ-1025 mirrors the standard language to confirm that the facility must consider the six factors required by provision (d) of the standard. The only example of an incident review provided by the facility cited "None" in terms of recommendations. The absence of incident review documentation for remaining sexual abuse investigations does not provide sufficient support that the facility meets provision (e) of the standard.</p> <p data-bbox="252 1299 742 1332">Corrective Action Recommendations:</p> <p data-bbox="252 1388 1460 1556">To become compliant with this standard, the facility will be required to implement procedures to conduct sexual abuse incident reviews within 30 days of the investigation's conclusion. These incident reviews will need to demonstrate how it considers the input from medical and mental health practitioners if these individuals are not part of the review team.</p> <p data-bbox="252 1601 1468 1982">The auditor will measure compliance through a review of all facility investigations in the 90 days following the implementation of the corrective action plan. The auditor will expect to see sexual abuse incident reviews conducted within 30 days of the investigation's closing for all incidents of sexual abuse where the allegation was determined to be substantiated or unsubstantiated. These reviews should be documented on the agency's form, CAJ-1025, which are then supplied to the auditor. Should the facility not have a sexual abuse incident review during that 90 day period where the facility can demonstrate its compliance; corrective action will continue until such time as a sexual abuse incident review demonstrating compliance or 180 days have been exhausted.</p> <p data-bbox="252 2027 582 2060">Corrective Action Taken:</p> <p data-bbox="252 2116 1460 2150">On 04/17/2017 the facility provided the auditor with a copy of a sexual abuse incident review</p>

for investigation 19985, dated 04/03/2017. This incident review was conducted within 30 days of the investigation's conclusion and considers the elements denoted within the standards. It is noted that the facility recommended that housing unit rounds occur with increased frequency and implemented procedures to enact this recommended change. The facility provided a copy of a memorandum issued to staff, mandating officers to conduct rounds on an irregular schedules at intervals of no greater than 30 minutes. Furthermore, the facility's camera project is underway and the location of the incident was identified for camera installation. The auditor noted that this incident review did not demonstrate how medical and mental health practitioners were involved in the review process. The auditor requested further clarification and was provided with a memorandum from the facility PREA Coordinator to the both the medical and mental health unit managers, directing their attendance at pre-scheduled monthly sexual abuse incident review meetings. This memorandum confirms that the facility has included input from all required parties into its sexual abuse incident reviews.

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
	The auditor has no indication to believe that access was denied to any area of the facility. The facility has fully cooperated with all requests for documentation. The auditor was provided the opportunity to privately interview inmates. The auditor noted that the PREA audit notice was posted throughout all the housing units of the facility and other common areas. This auditor received correspondence from one inmate through this posting in advance of the audit that did not contain a PREA allegation.

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.)	na

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

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.)	na

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.)	na

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

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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	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 residents 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?	no
	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 a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

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

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?	no

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?	no

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?	no

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