

PREA Facility Audit Report: Final

Name of Facility: Women's Huron Valley Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/26/2019

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: Louis Folino	Date of Signature: 09/26/2019

AUDITOR INFORMATION	
Auditor name:	Folino, Louis
Address:	
Email:	lsf168@verizon.net
Telephone number:	
Start Date of On-Site Audit:	2019-07-22
End Date of On-Site Audit:	2019-07-25

FACILITY INFORMATION	
Facility name:	Women's Huron Valley Correctional Facility
Facility physical address:	3201 Bemis Road, Ypsilanti, Michigan - 48197
Facility Phone	734-572-9900
Facility mailing address:	

Primary Contact	
Name:	Robin Howard
Email Address:	howardr3@michigan.gov
Telephone Number:	734-572-9900

Warden/Jail Administrator/Sheriff/Director	
Name:	Shawn Brewer
Email Address:	brewers1@michigan.gov
Telephone Number:	734-572-9394

Facility PREA Compliance Manager	
Name:	Robin Howard
Email Address:	howardr3@michigan.gov
Telephone Number:	M: 734-589-7371

Facility Health Service Administrator On-site	
Name:	Kristina Fisher
Email Address:	FisherK9@michigan.gov
Telephone Number:	734-434-8064

Facility Characteristics	
Designed facility capacity:	2414
Current population of facility:	2056
Average daily population for the past 12 months:	2070
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	17 - 90
Facility security levels/inmate custody levels:	I, II and IV
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	593
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	21
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	514

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

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

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.

Auditor conducted preparatory review of agency website at www.michigan.gov/corrections, and reviewed available agency information concerning the Women's Huron Valley Correctional Facility (WHV). Auditor reviewed posted news articles concerning WHV over the last several years in order to become familiar with any major issues or incidents at the facility. Auditor reviewed the Pre-Audit Questionnaire (PAQ) and supportive documentation provided by the agency/facility.

The audit team consisted of Lead Auditor Louis Folino, assisted by a Secondary PREA Auditor, David Radziewicz. Mr. Radziewicz is the agency PREA Coordinator for the Pennsylvania Department of Corrections (PADOC). A third member of the audit team was Lisa Graves, a Classification and Program Manager for PADOC. Upon the audit teams arrival to WHV the morning of July 22, 2019, an Entrance Meeting was conducted by the Warden and his administrative personnel. In attendance was Warden Shawn Brewer, Michigan Department of Corrections (MDOC) PREA Manager CJ Carlson, MDOC PREA Analyst Wendy Hart, WHV Assistant Deputy Warden (ADW) and PREA Coordinator Robin Howard, Deputy Warden Douglas Smith, Deputy Warden Karri Osterhout, ADW Tonya Allen, ADW Steve Halliwill, and ADW Eric Walton. Thirteen additional facility leadership personnel representing facility Administrative Services, Unit Management, Health Care, Mental Health, Security, Education, Human Resources and Physical Plant were in attendance. Introductions were conducted and the Warden provided an overview of WHV, the only female correctional facility in the MDOC.

The audit team discussed the three phases of the PREA Audit process, being the Pre-Audit, Site Review, and Post Audit Evidence Review and Report Compilation phases. Audit methodology and the triangulation of the audit process (review of policies/procedures, Site Review observations and staff and inmate interview results) and a tentative schedule for the four days of the Site Review was discussed. Due to the massive size of the facility, the compound was divided into three areas, with each audit team member escorted by designated facility and MDOC personnel. Auditor notes the compound consists of East and West, with each area having it's own housing units, administrative areas, yards, etc, with some shared services/programs. The WHV was formerly two separate male facilities which was converted to a female correctional facility in 2009. The lead auditor emphasized that the Site Review would be conducted as a team, and the audit team would rely on facility staff to timely facilitate the process, and to provide insights into operations, procedures, staff and inmate availability, etc.

The Site Review commenced immediately following the Entrance Meeting, with the audit team conducting an evaluation of all facility areas to include housing units (cells and dorms), programs/education, recreational areas, inmate work areas, staff offices and work areas, closets, stairwells, common shower and toilet areas, officer stations. The Site Review was completed in 8 hours, using three teams on Day One. During the initial Site Review evaluation, the audit team members informally met and conversed with personnel and inmates, inquiring about PREA training and PREA education respectively, observed the shower/toilet areas for privacy and opposite gender viewing, checked for PREA postings and the

auditor's Notice of Audit, observed staff supervision and performance, observed inmate access to the inmate telephones and Hotlines, checked for blind spots, surveillance camera (CCTV) coverage and the use of security mirrors to augment staff supervision, shook door/closet/office handles to ensure proper security is being maintained and noted staff and inmate interaction and the culture of the facility.

On Day Two, the audit team, facilitated and coordinated by WHV personnel, initiated the interview of random staff and specialized staff, and random inmates and targeted inmates. The Lead Auditor also interviewed inmates who had forwarded correspondence to the Lead Auditor, observed an intake-processing of an inmate, observed the initial risk assessment administered at Intake on a newly admitted inmate, and attended a PREA Education session conducted in the Reception and Guidance Center (RGC) and presented by an Inmate Facilitator. The lead auditor during Site Review met with a team of PREA investigators, MDOC and WHV PREA officials and reviewed auditor-selected investigative files, and Human Resource (HR) files with HR staff. Interviews continued through Day Four, with the audit team conducting an Exit Meeting with facility personnel in the afternoon of July 25, 2019.

The Exit Meeting was attended by approximately 50 WHV personnel in a large multi-purpose room in the East Side of WHV. The WHV Warden and facility leadership were in attendance in addition to many housing unit supervisory personnel, security personnel, health care and mental health, training staff and others.

The audit team members each provided their overall findings concerning the facility's compliance with the PREA standards, inmate and staff interviews conducted, favorable facility conditions, and the extensive CCTV system properly maintained and utilized by personnel. The Lead Auditor discussed several areas identified as deficient or where recommendations were made which had already been timely addressed by the facility administration during the week. The Lead Auditor identified a facility risk-screening practice which requires revision in order to meet the requirements of the PREA standard. Each of the audit team members commented on the cooperation of staff and the inmates during interviews. The audit team advised the WHV staff of the more common complaints of some of the the inmate population concerning their perception of the PREA program at WHV, e.g. upset at other inmates abusing PREA by making false allegations against other inmates; PREA scores which will never change due to their criminal history or conduct, which denies them the ability to obtain certain jobs or other cellees; not receiving notification of results of investigation into their reports to staff concerning other's conduct; and not being able to lock their own cell doors like the inmates can on the West Side. Each member of the audit team expressed appreciation to facility personnel for their hospitality and accommodations provided during our time at WHV. Each audit team member commented on the professionalism of personnel, and the largely compliant population that has responded to the quality correctional environment established at the facility. No inmate expressed that they did not feel safe at the facility, and they readily advised that they would report any sexual abuse or sexual harassment to various personnel, which is a very good indicator of staff respect, and trust.

At the Exit Meeting the Lead Auditor advised of the procedures for Post-Audit evidence review and report compilation, noting that a significant further evaluation of agency policies, facility operating procedures, sample documentation, interview results, etc. had yet to be completed. An Interim Report would be submitted to the facility/agency in the event there was a need for a 180 day Corrective Action Period (CAP). If the auditor determined that the facility has met all of the requirements of the 43 PREA standards, a Final Report would be issued within 45 days, and a CAP would not be necessary.

AUDIT FINDINGS

Facility Characteristics:

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

Women's Huron Valley Correctional Facility (WHV) is the only prison in Michigan which houses females. The population consists of every inmate classification, and normally exceeds 2,000 offenders. The facility provides all reception center processing which includes thirteen housing units and Infirmary housing. The facility was opened in 2009. Previously, the WHV site was two separate male facilities constructed and operating adjacent to each other until converted to a female institution.

WHV consists of a West and East Side within the compound perimeter. Housing units in the West are Housing Units 1, 2, 3, 4, and 5. Segregation is located in one wing of Unit 1. The housing units in the East are Unit 9 (SAI/BootCamp, Youthful Inmate Unit/E Unit, and Reception and Guidance Center), Kent Hall (Infirmary/Observation), Harrison Hall, Gladwin Hall, Emmet Hall, Dickinson Hall, Lenawee Hall, and Calhoun Hall. The East and West Sides have independent administrative areas, yard areas and program areas. Some sharing of services and facilities does exist, such as food services/inmate dining. The large size and layout of the compound, with East and West Sides, and 13 separate housing unit buildings, provides the administration with many alternative housing locations for effectively separating individual inmates from each other, rather than utilizing segregated housing.

The total staff complement during Site Review was reported to be 578 personnel, with 76% female. The females constitute 79% of the uniformed correctional officer workforce. There is a staffing restriction in effect which prohibits male correctional officers from being assigned to any of the WHV housing units or to any monitoring station (CCTV) areas. there therefore exists an abundance of female staff present to conduct the required pat-downs, and strip searches of the inmates as necessary.

Programs operating within WHV include Residential Substance Abuse Treatment (RSAT), Special Alternative Incarceration (SAI-a 90 day Boot Camp program), Residential Treatment Program (RTP), Acute Care, Dialectical Behavior Therapy (DBT), Infirmary and Detention. WHV prisoners are provided on-site routine medical, mental health and dental care. Pregnant prisoners receive counseling, parenting classes, and child care options. Medical emergencies are referred to local hospitals. A Vocational Village program building is under construction within the perimeter (West Side) and is expected to be dedicated in late 2019 which will add 6 additional classrooms, 2 labs and Michigan Braille. This large 2-story building has been designed and developed with PREA considerations in mind concerning staff positions, large glass vision panels, preventing hidden areas, and providing extensive camera coverage (75 cameras).

The camera coverage is state of the art, mostly high-definition with the number of cameras expected to reach 1,900 with the completion of the enhancement contract underway and activation of the Vocational Village. The majority of the cameras at WHV are also audio equipped, which assists with investigations and as a deterrent effect for misconduct. The WHV Control Center has two officers posted monitoring facility cameras 24-7. In addition, a Sergeant is daily assigned to the Electronic Monitoring post in a secure area separate from the Control Center. The facility tapes and audio are archived indefinitely in

secure storage.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	9
Number of standards met:	36
Number of standards not met:	0

Standards Met: (Thirty Six) 115.11, 115.12, 115.14, 115.15, 115.22, 115.32, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Standards Exceeded: (Nine) 115.13, 115.16, 115.17, 115.18, 115.21, 115.31, 115.33, 115.34, 115.54.

Standards Not Met: 0

Deficiencies Observed:

1. 115.41 During Site Review auditor observed that staff conducting the initial risk screenings were not affirmatively inquiring of the inmates gender identification, i.e. LGBTI, as required by the standard, the MDOC PREA Manual and the MDOC CAJ-1023, PREA Risk Assessments Worksheet. Interviews with both random and targeted inmates confirmed that personnel were not making an affirmative inquiry concerning the inmates gender identification during risk screening. Based upon this observation by the audit team and in collaboration with agency and facility PREA officials and the Warden, a Plan of Action (POA) was promptly developed and implemented to which addressed this issue. In order to confirm the POA was properly implemented, auditor requested and reviewed OMNI screenshots of 71 random and specific inmates to verify that they had been reassessed in August, 2019 concerning their gender identification. Auditor reviewed rosters of every WHV housing unit reported as completed to the Warden's Office by the respective housing unit personnel. The rosters included the names and numbers of every inmate at WHV who was reassessed in accordance with the Warden's POA. Further, auditor requested the initial risk assessment results of 10 inmates that had been committed to WHV between August 16, 2019 and September 9, 2019, in order to confirm that the practice was properly implemented during the Intake processing. Based upon this review and findings, auditor in September 2019 determined that the facility had met the requirements of the standard.

2. 115.13 Auditor observed an area in the facility that required an additional camera in order to properly monitor inmate activities. Upon conferral with the facility PREA Coordinator and the WHV Warden, a camera was mounted and operational within days and prior to the audit teams departure from WHV. WHV meets the requirements of this standard.

3. 115.73 During Site Review, review of investigative files and based upon interview responses from random and targeted inmates, it was concluded that inmates were not consistently receiving the required notification when sexual abuse investigations concerning their allegations were completed, e.g. substantiated, unsubstantiated or unfounded. Upon conferral of this issue with the Regional PREA Analyst and Warden, a POA was developed and implemented to address those inmates that had not been properly notified. A revised procedure was developed and communicated to appropriate staff concerning future investigations, to ensure that all inmates receive a CAJ-1021 Notification form as required by WHV Operating Procedures 03.03.140, MDOC Policy 03.03.140, the MDOC PREA Manual, and the PREA standard. Subsequent to Site Review, auditor has requested and received/reviewed CAJ-1021s newly issued to inmates that had not received a CAJ-1021 previously, and to those who were notified In September of facility investigative findings. Based upon the facility's timely and thorough response to this observed practice, auditor has concluded that WHV meets the requirements of this standard.

4. 115.71 During Site Review of investigative files by auditor, it was observed that the organization of the PREA administrative investigation files lacked a spreadsheet or tracking form. A tracking form was already in use for the sexual abuse/criminally-referred PREA investigative cases. Such a tool is invaluable in order for working investigators, supervisory and administrative personnel, and auditors, to readily identify inmate name/number/allegation case number, facts, dates, due dates, findings, retaliation monitoring, and notifications to inmates, etc. Upon suggestion to facility staff and upon review by the Warden, a WHV PREA Investigative Spreadsheet (tracking form) was developed and implemented in order to enhance facility execution and organization of the investigations conducted. While such a form/tool as noted is not a requirement of the PREA standard, it likely would have prevented the inconsistent practices as noted in No 3 above, and will serve to assist personnel with their duties, and as a resource for information/referral.

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> ● Exceeds Standard (Substantially exceeds requirement of standard) ● Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) ● Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<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 1461 528">The MDOC PREA Policy, 03.03.140 Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners, Section I, General Information, page 2, outlines the agency's zero tolerance policy standard for sexual abuse between or among prisoners. The PREA policy further addresses the agency's implementation plan, definitions of prohibited behaviors, and employee and prisoner sanctions for engaging in such unauthorized conduct.</p> <p data-bbox="252 584 1461 831">In accordance with agency PREA policy, pages 2-3, the MDOC has appointed a PREA Manager who oversees agency implementation and compliance of the PREA standards. The PREA Manager reports directly to the agency State Office Administrator, who reports to the agency Senior Deputy Director. Each correctional facility has appointed a PREA Coordinator who has sufficient time and authority to coordinate the facility's efforts to comply with the standards.</p> <p data-bbox="252 887 1485 1223">WHV Policy Directive 03.03.140, PREA Prohibited Sexual Conduct Involving Prisoners, page 1, assigns the facility PREA Coordinator with the duties of coordinating the facilities efforts to comply with the PREA standards and MDOC Policy Manual, and to monitor and provide assistance concerning training, reporting, documentation and investigation of PREA related allegations. At WHV, the PREA Coordinator is an Assistant Deputy Warden who reports to the Warden concerning PREA. Auditor notes that the PC at WHV utilizes several key subordinate personnel to assist with her PREA duties. Auditor has observed the experience, dedication and professionalism of all facility PREA-assigned personnel to be appropriate and effective.</p> <p data-bbox="252 1267 1461 1424">Auditor interviewed the facility PREA Coordinator (PC) who reported that she does not have sufficient time to manage all of her PREA related responsibilities, due to the very high numbers of the prisoner population and the size of the facility. There are discussions at WHV about a full time position designated for the PC duties.</p> <p data-bbox="252 1480 1485 1682">The agency PREA Manager advised the audit team that he has sufficient time to manage all of his PREA related responsibilities. Each of the 30 facilities in Michigan DOC has one PREA Coordinator with a one back up PC designated as well. In addition, the agency PREA Manager has 3 Regional PREA analysts who work directly for the PREA Manager to ensure that all facilities are in compliance.</p> <p data-bbox="252 1738 1485 2074">Based upon auditor's review of agency and facility documentation, interviews of facility and agency personnel, and Site Review observations, auditor has determined that the facility is in compliance with the standard. The size and scope of the operation at WHV is challenging to the administration in many ways, but Site Review observations and interactions with personnel have served to confirm that the facility works well as a team to accomplish all operational requirements, including PREA. The Warden is a hands-on administrator who has awareness of facility operations and issues, holds staff accountable and who daily leads a core group of experienced administrators.</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility does not contract for the confinement of MDOC WHV inmates. Agency PREA policy, page 21, does require monitoring of such contracts in the event the agency would confine MDOC inmates in private or other-agency facility(s).</p> <p>Auditor interviewed the Agency Contract Administrator who advised auditor that WHV does not contract for the confinement of facility inmates.</p>

115.13	Supervision and monitoring
	<p data-bbox="252 170 928 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1471 573">The MDOC PREA Manual, Section 13, Staffing Plans, page 20, directs that adequate staffing levels be maintained to protect inmates from sexual abuse. The PREA Manual directs that the Department's correctional facilities take into consideration all factors as required by the PREA standard, and to consider the need for video monitoring. At WHV, the reported average daily population of inmates since August 20, 2012 is 2,070. The WHV staffing plan is predicated on this average daily population figure.</p> <p data-bbox="252 622 1455 1429">The facility PAQ reports no instances of failure to comply with the established staffing plan in the last 12 months. Auditor has reviewed the most recent (April 22, 2019) MDOC PREA Annual Staffing Plan Review form, CAJ-1027 required by the MDOC, and approved by signature of the agency PREA Manager. A comprehensive review is attached to the 2019 WHV CAJ-1027 form, which reports a planned video monitoring enhancement project. The comprehensive facility Staffing Plan Review covers all requirements and staffing considerations of the PREA standard. The Staffing Review reports that the facility is currently under oversight for Bona Fide Occupational Qualifications as it relates to staff assigned to custody assignments. That oversight is managed under the supervision of the Attorney General's Office and Office of Legal Affairs. The facility has been under supervision by the Department of Justice, specific to Health Care. The DOJ continues to review any concerns from the population closely; shares those with the Attorney General Office timely; and, communicates with the facility for corrective action if appropriate. The facility Staffing Plan Review notes that WHV has a total of 1365 video cameras with both audio and video recording capabilities. That recorded evidence is retained and archived without destruction. The facility is currently completing a perimeter security and camera security enhancement project during this year. That project will add approximately another 180 video and audio cameras to the facility, improve perimeter lighting, and upgrade the video and audio archival system. The expected completion date for this project is the summer of 2019.</p> <p data-bbox="252 1478 1471 1944">During interview with the Warden, auditor was advised that the Michigan Department of Corrections issues a Custodial Staffing Assignment Sheet approved by the agency Director which directs the minimum staffing for each facility. WHV looks at the security levels of the inmates and types of inmates and determines the required staffing levels. Video monitoring is part of the facility plan, with two CCTV monitors on-duty 24 hours a day in the Control Center. The staffing plan review is conducted and reviewed annually, and includes all relevant factors. The Shift Captains report daily their shift rosters via email, which are reviewed daily by the administration. Adjustments to the staffing levels could occur, due to off-site hospital runs. Auditor reviewed the 2018 Custodial Staff Assignment Sheet for WHV which was reviewed/approved by MDOC in December 2018. This report documents revisions to the staffing plan made during the calendar year, reporting a total of 420 uniformed custody staff.</p> <p data-bbox="252 1993 1471 2157">The facility PC advised auditor that the staffing plan is reviewed annually and based upon the population in the units. The facility considers programs occurring on a particular shift, the number and placement of supervisory staff, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and other factors. The PC advised that the majority</p>

of sexual abuse reports are complaints made about activity within the cells, which is difficult to investigate due to the one-on-one nature, absence of witnesses, no CCTV, etc. The facility does not assign male staff to any female housing unit posts due to a prior court decision.

The agency PREA Manager has advised that an annual staffing plan review is conducted at each facility, and the MDOC is consulted concerning any proposed staffing changes.

The MDOC PREA Manual, Section 14, Rounds, page 21, requires rounds be conducted by the Warden, Deputy Warden, Inspector, Captain, and Lieutenant, in accordance with agency Policy Directive (PD) 04.04.100 " Custody, Security, and Safety Systems (Exempt)." Rounds shall be conducted and documented for PREA audit purposes. Staff are prohibited from alerting other staff members when supervisory rounds are occurring unless announcement is related to the legitimate operational functions of the facility. During Site Review, auditor has examined random housing unit logbooks (hardcopy binded books/logs) and observed regular rounds being conducted by supervisory, management and administrative personnel. Auditor has requested and been provided multiple print-outs of downloaded electronic security rounding records for 24-hour periods of random posts/units, and monthly periods of individuals in order to confirm the required rounds are being performed.

During Site Review, the audit team interviewed two staff required to conduct unannounced rounds of the facility, or their designated areas/units. Both personnel, uniformed and non-uniformed, advised the audit team that they conduct unannounced rounds using the pipe round reader and making a notation in the post logs. In accordance with MDOC Policy Directive 04.04.100 Custody, Security and Safety Systems, page 3, all supervisory logbook entries of security rounds conducted "shall be written in green ink." All audit team members observed such supervisory rounds conducted by Lieutenants and above in the randomly selected housing unit logs. The supervisory staff are issued individual round readers and are required to do weekly rounds of their assigned areas but generally do daily rounds. At least once per month, a round of the facility is required on third shift. According to personnel interviewed, staff are not notified of the rounds being conducted by other personnel. Policy prevents staff from notifying others, and this has not been observed. The back stairs of units are used at times during rounds and supervisory personnel monitor radio traffic to ensure personnel are not making alerts to other staff.

Based upon auditors review of the PREA Manual and PAQ, interviews with personnel, Site Review observations of post staff and supervisory staff performing their security duties, and review of post logs and "pipe tour" print-outs, auditor has determined that the facility exceeds compliance with the standard. The facility addresses the PREA requirements for staffing in a comprehensive and thorough manner. PREA considerations concerning staffing and video monitoring are consistently evidenced in the administration of the facility and the everyday operations of WHV. During Site Review the audit team observed supervisory rounds being made and checked random post logs to confirm the required staff rounds by supervisory personnel were being conducted. Review has served to confirm that supervisory personnel are regularly conducting the required rounds of the facility and signing the post logs in green ink, in accordance with agency policy.

115.14	Youthful inmates
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The MDOC and WHV operate one housing unit (E Unit) which has been specifically modified to securely house juvenile offenders separate from adult prisoners within the facility, in accordance with the PREA standards and MDOC Policy (PREA Manual Section 5, a. Youthful Inmates, pages 11-12). E Unit is equipped with five cells for housing youthful offenders, and has a separate secure exercise yard (camera added and activated to exercise area during Site Review week based upon auditor's assessment and recommendation), an internal dayroom equipped with television, library, telephone, TTY-Kiosk machine, J-Pay and microwave. E Unit is a separate wing of the Reception and Guidance Center (RGC) which houses new receptions in the Intake Unit; inmates participating in the Special Alternative Incarceration program (SAI), the MDOC Female Boot Camp; and parole violators. The housing unit for juvenile offenders at WHV is equipped with an additional external locking mechanism which must be keyed and activates an auditor door alarm. The juvenile housing unit cameras, and other RGC cameras are able to be monitored by officers' station personnel, the facility Control Center, and other approved and equipped areas.</p> <p>During auditor's Site Review there was one youthful offender confined to the WHV E unit. The unit provided the required privacy for toileting and showers, and contained the Audit Notice and PREA signage with contact information. Auditor observed the inmate being properly escorted off of E Unit wing for showers during Count Time, and observed numerous security and non-uniformed unit staff tending to the inmate during the auditor's multiple visits to the unit. Auditor also observed the juvenile inmate at a classroom in the Education Building being directly supervised and instructed by a facility teacher. Auditor requested to speak with the instructor who demonstrated excellent knowledge and awareness of the specific procedures to be followed by personnel to ensure the sight, sound, escort and supervision requirements concerning the juvenile's confinement at WHV. Auditor observed E Unit CCTV coverage from the unit officers' station and the facility Control Center during Site Review.</p> <p>The facility PAQ reports 0 youthful inmates placed in isolation in order to separate them from adult inmates during the last 12 months. The PAQ reports WHV has housed a total of three youthful offenders in the last 12 months. No denial of exercise, education, other programming or work opportunities have been instituted, as reported by the facility.</p> <p>In order to make a determination of compliance, auditor interviewed a unit security officer who advised auditor that there is a sight and sound separation requirement for the juvenile prisoner. There are no other juveniles in the unit so she cannot talk to others. Wherever she goes, she is escorted. Everywhere. She showers separately on day shift in the SAI unit. The Corporals take her over to C Wing (SAI) to shower at count time. She cannot be seen because it's blocked off. Her housing unit door is alarmed. We make 15 to 30 minute rounds in the unit and log it. It is a good environment for her. We spend extra time with her and conversate with her. Auditor interviewed a teacher who advised auditor that the inmate is escorted and supervised at all times. When using the bathroom, we clear the area and stand at the door. If I have to exit the classroom, she comes with me and stays with another teacher or the post officer. I walk her back to her unit a lot of times. She gets one-on-one with staff.</p>	

The youthful inmate was interviewed by the audit team. The inmate advised that she only has contact with female staff, not female inmates. She cannot see them from her unit, and none come on the unit. She can hear background noises from the chow lines or medication line hallway. It is not clear what is said and it is rare when I can hear them. When off the unit, she is escorted by a staff member, i.e. "they follow me everywhere." The youthful inmate reported that she was never placed into segregation for protection. She reports that she has her own housing unit with about 5 cells and one of those is considered segregation if there is a need to be housed in segregation.

Based upon auditor's review of agency policy, Site Review observations of physical plant and procedural practices, and inmate and staff interviews, it is determined that the facility is in compliance with the standard.

115.15	Limits to cross-gender viewing and searches
	<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 MDOC PREA Manual, Section 7, Cross-Gender Viewing, page 15, includes all requirements as established by the PREA standard concerning showering, toileting, changing clothing, video monitoring and opposite gender announcements. The opposite gender announcements when entering an inmate housing area is a requirement of the MDOC Policy and is commonly known to staff and inmates as "Knock and Announce" procedures. Local Operating Procedures (OP), WHV-OP-03.03.140 Prohibited Sexual Conduct Involving Prisoners, and SAI-OP-03.03.140 Prohibited Sexual Conduct Towards Female Trainees at SAI further require that staff comply with the Knock and Announce procedures. The WHV OP 04.04.11OF, Knock and Announce-Prisoner/Area Searches, page 1, provides specific instructions for personnel concerning male staff responsibilities.</p> <p data-bbox="252 795 1484 1355">Auditor has reviewed the MDOC PREA Manual, Section 8, Searches of Prisoners, pages 15-16. This policy requires pat-down and clothed body searches of female inmates only be conducted by female staff except 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. Cross-gender strip searches are prohibited except when exigent circumstances or when performed by medical staff. The facility shall document, in writing, all cross gender strip searches, cross-gender body cavity searches and all cross-gender pat-down searches of female prisoners. Except as outlined in policy directive 04.06 .184 Gender Identity Disorder in Prisoners, staff shall not search or physically examine the prisoner for the sole purpose of determining the prisoners genital/sex status. If genital status is unknown it may be determined during conversations with the prisoner, 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.</p> <p data-bbox="252 1400 1484 1556">The PAQ reports that the facility does not conduct cross gender pat-down, cross-gender strip or cross gender visual body cavity searches of inmates. In the last 12 months the facility reports 0 cross gender pat-down searches, cross-gender strip or cross-gender visual body cavity searches of inmates conducted.</p> <p data-bbox="252 1601 1484 1948">The PREA Manual requires each facility to enable prisoners to shower, perform bodily functions and change clothing without non medical staff of the opposite gender viewing the prisoners breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. The Warden is not restricted from reassigning staff of the opposite gender from positions or posts with visibility to the showers during shower times. Instances of cross gender viewing in exigent circumstances shall be documented in a critical incident or memorandum to the Warden or Administrator. Such documentation shall be maintained for PREA audit purposes.</p> <p data-bbox="252 1993 1484 2150">During Site Review the audit team toured every housing area within the facility, observing that the shower and toileting common areas are similarly regimented and equipped, providing the required privacy from opposite gender viewing. WHV utilizes either solid half-doors or PREA-type shower curtains to afford inmates the required fundamental privacy, in accordance with</p>

the standard, while enabling security personnel to conduct quality security rounds. For the housing units equipped with in-cell toilets and sinks, the local practice is to allow privacy curtains to be hung by the inmates from the inside when using the toilet facility or changing clothing. The audit team routinely observed and heard opposite gender announcements being made verbally upon entry into the housing areas. Numerous "Knock and Announce" placards are mounted throughout the inmate housing units to reiterate this requirement to the personnel and inmates at WHV. Auditor notes that male staff are restricted from being assigned to posts within the female housing units at WHV.

During random staff interviews, the audit team was consistently advised that opposite gender personnel verbally announce their presence upon entering an inmate housing unit. Staff consistently referred to this practice as Knock and Announce. Staff advised the audit team consistently that inmates were able to shower and toilet without being subjected to opposite gender viewing. Staff were aware of the prohibition against searching a transgender or intersex inmate for the sole purpose of determining that inmates genital status. Staff consistently asserted to the audit team that inmate programs were never curtailed due to the absence of female personnel to conduct pat-down searches. Staff consistently advised that female staff were plentiful and always available. Several staff stated a female staff may be summoned to conduct a search, e.g. inmate Visiting area, or that an inmate would be escorted to the Control Center if a female officer was not present in a common area, e.g. yard, work, etc. The WHV facility reported to auditor that the WHV staff total complement of 578 employees consists of 76% female staff, with 79% of the Corrections Officers being female.

During random inmate interviews, all inmates asserted that they are never naked in full view of male staff. All targeted inmates interviewed also advised the audit team that the cells and the inmate common bathroom areas do not afford opposite gender viewing. The inmates interviewed advised the audit team that male staff announce their presence when entering their units by stating "Male in the area" or "Male on the unit." At times the female post officers will observe a male employee approaching the unit, and will make the announcement for the male employees. Many of the inmates interviewed referred to this practice as Knock and Announce. Several inmates advised the audit team that they have had to wait in the visiting room while a female staff person was dispatched to conduct the required pat-downs. There were no major or consistent reports of curtailed inmate activities or programs due to the absence of female staff. The inmates generally agreed that female staff were routinely available, e.g. "female staff are everywhere."

Based upon the auditors review of MDOC policy and PREA Manual, the WHV Operating Directives, the audit team Site Review observations, and inmate and staff interviews, it is concluded that the facility is in compliance with the standard. It is evident that the facility has made a concerted effort to attain compliance with the multiple requirements of this standard by institutionalizing the mandated practices. The formal and informal input from inmates and personnel, and on-site observations throughout WHV have confirmed that the facility is in compliance with the standard and the agency PREA Manual.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Auditor has reviewed the Michigan DOC PREA Manual, Section 11, page 18, Prisoners With Disabilities or Limited English Proficiency, page 18, which provides for PREA prisoner education in formats understandable by the entire prison population, and is in compliance with the PREA standard. Auditor has reviewed the MDOC PREA trifold, Identifying and Addressing Sexual Abuse and Sexual Harassment, A Guide for Prisoners. This trifold is available in English, Spanish, and in Braille and is issued according to the inmates needs. A Spanish MDOC Prisoner Guidebook is also available and is issued to inmates that cannot speak/understand English.</p> <p>During Site Review, the audit team observed throughout the facility the PREA Audit Notice, MDOC PREA (Purple Hands) posters, Crime Stoppers postings and the agency Privacy Notice all posted in English and Spanish. The audit team observed TTY-Kiosk video machines mounted in all inmate housing units for use by deaf or hard of hearing inmates. The lead auditor observed multiple inmates utilizing the TTY machines and had one inmate demonstrate the effectiveness of operation of the TTY machine for the PREA Auditor and the facility PREA Coordinator. Auditor observed the housing units blue light which is activated for inmate counts to alert the deaf/hard-of-hearing inmates. As placard is also posted at the officers station to remind personnel of a deaf/hard-of-hearing inmate housed on the unit, and the inmates door card has a blue dot to indicate a deaf/hard-of-hearing inmate housed there. The deaf/hard-of-hearing also are issued individual pagers which are activated during count times to alert the inmates of the counts.</p> <p>Auditor has reviewed the Fiscal Year 2019 Purchase Orders with Communication Access-CTR Deaf and Hard of Hearing for translation services for WHV inmates, and the Purchase Order for foreign language translation services with Global Interpreting Services LLC. Auditor notes that the facility utilizes a Taking Action PREA education video specifically made for presentation to female offenders. Auditor sat in on a regularly scheduled PREA Education session on July 23, 2019. This session was presented by an inmate peer facilitator to 17 newly arrived inmates in the Reception and Guidance Center (RGC).</p> <p>Agency policy states that prisoner interpreters, prisoner readers, or other types of prisoner assistants may only be used in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the prisoners safety, the performance of first-response duties as outlined in the PREA Manual, or the investigation of the prisoners allegation. The facility PAQ reports 0 instances of use of inmate readers, interpreters or other types of inmate assistants during the last 12 months to report allegations of sexual abuse or sexual harassment.</p> <p>In order to make a determination of compliance the audit team interviewed two Limited English Proficient (LEP) inmates who reported receiving the PREA information in Spanish, but did not view a Spanish video. Both inmates received and understood the PREA information, and noted that the information is posted by the dayroom telephones. The audit team utilized the contracted computerized translation services for the two LEP interview, one of a hearing</p>

impaired (sign language via video) and another a Spanish LEP language interpreter. Both translators came on-line within 30 seconds of auditors' request, and the system worked very efficiently and effectively.

Random staff interviewed advised the audit team that staff interpreters would be used for interpretation as necessary. One staff member stated the use of inmate interpreters never occurred at WHV, while another staff member advised that inmate interpreters could be used for such purposes. Another staff member advised that an inmate interpreter could only be used if there was an immediate risk to safety. One staff member noted that staff had access to a computer application for inmate translation services.

Based upon the auditors' review of agency policy, the posting of facility PREA posters and Audit Notice in English and in Spanish, the PREA brochure available in English, Spanish and Braille, the Prisoner Guidebook available in English and in Spanish, the facility contracting for translation and deaf/hard-of-hearing translation services, and staff and inmate interview results, it is concluded that the facility exceeds the requirements of the standard. Site Review observations are that the facility makes a genuine effort to ensure all inmates have access to and understand the PREA information, and that their individual communications issues are properly addressed.

115.17	Hiring and promotion decisions
	<p data-bbox="248 168 928 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1485 701">Auditor has reviewed the agency PREA Manual, Section 12 Human Resources, pages, 18-20, which includes all requirements of the standard, i.e. Hiring of New Employees, pages 18-19; Promoting Current Employees, page 19; Contractors, pages 19-20; Criminal Background Checks, page 20; and Former Employees, page 20. Auditor has reviewed the agency PREA Background Questionnaire which includes the five PREA inquiries required to be signed, dated and submitted for agency review by an applicant prior to being hired. In accordance with agency direction, in April 2019, any application questions concerning prior criminal history had to be removed in order to comply with recently passed Michigan legislation. Only the final applicant-candidate or candidates are required to respond to the PREA inquiries.</p> <p data-bbox="248 757 1398 871">During Site Review, auditor requested and reviewed facility spreadsheets documenting applicant background checks approved and ones denied due to unfavorable information obtained.</p> <p data-bbox="248 927 1469 1171">MDOC Policy Directive 02.06.111 Employment Screening, Section D, pages 1-2, provides for agency employment screening concerning prior sexual abuse incidents, applicant documentation falsifications, and background investigations (LEIN-Law Enforcement Information Network). The PREA Manual, Human Resources, Hiring New Employees, page 19, requires the agency to consider incidents of sexual harassment in determining whether to hire an applicant.</p> <p data-bbox="248 1182 1485 1599">Criminal background checks shall be processed through LEIN for all employees, including contractors and contractor's employees, who have contact with prisoners or parole violators at Michigan DOC Correctional Facilities, no less frequently than once every 5 years. Criminal background checks should also be conducted for all facility volunteers. Any information produced from a criminal background check that has not been previously reported or investigated, shall be referred to the appropriate staff for investigation. Upon receiving a request from an employer for whom a former MDOC employee has applied to work, information regarding substantiated allegations of sexual abuse or sexual harassment involving the former employee shall be provided. The request must include a signed release from the former employee.</p> <p data-bbox="248 1655 1453 1816">Agency Policy 02.06.111 Employment Screening, General Information, page 2. requires that LEIN checks be conducted on all current employees, student interns and contractual employees. LEIN checks will be conducted on employees every three years by facility personnel during the month of June each year.</p> <p data-bbox="248 1872 1382 1944">The PAQ reports 26 employees hired in the last 12 months who have had LEIN checks conducted on them prior to them having authorization inside the facility.</p> <p data-bbox="248 2000 1477 2114">Agency policy (PREA Manual, Contractors, page 19) requires criminal background records checks of all contractors who may have contact with prisoners. The PAQ reports 2 contractors who had criminal background records checks conducted in the last 12 months.</p>

In order to make a determination of compliance auditor interviewed 2 Human Resource (HR) personnel. Auditor was advised that LEIN requests for criminal records checks are submitted by the Assistant Deputy Warden's Secretary and the Technicians in the to facility Records Office. The facility submits LEIN requests for prospective employees, contracted staff, volunteers and interns. The HR staff advised that there is a continuing affirmative duty for staff to disclose such conduct contained within the MDOC Employee Handbook. Civil Service Rules and Regulations govern employee reporting also. Auditor reviewed with the HR staff an intern application, an employee application with background questions included and approved, and a promotional application submitted within the last 12 months period. There is a 5 year requirement for the facility to conduct background checks on all employees. Every 5 years the records office runs this report requesting the LEIN checks. The forms are different for different employees, e.g. employees (CAJ-193), vendors/ contractors (CAJ-1037) and interns.

Based upon auditor's review of agency policy, facility documentation concerning the hiring and promotional procedures, review of agency Employee Handbook, and interview with facility HR personnel, auditor has determined that the facility exceeds the requirements of the standard. Auditor has reviewed agency logs which support WHV compliance with policy 02.06.111 Employment Screening, which requires LEIN checks be conducted every 3 years on current employees, which exceeds the 5 year requirement of the PREA standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Auditor has reviewed the PREA Manual, Section 15, Facility and Technology Upgrades, page 21, which includes all requirements of the PREA standard.</p> <p>Auditor has reviewed facility documentation/Purchase Orders concerning 3 major facility projects/upgrades/renovations initiated and completed during 2016-2017. One project was the installation of additional cameras to the Prisoners Services Building in 2016. This project, No. 16-202 was authorized and completed at a cost of \$8,581.30. The second project was the complete renovation of a RGC dormitory style housing unit into a secure RGC/E Wing Youthful Offender Unit containing 5 wet cells, which are ADA equipped. This project, No. 17-092, was completed in 2017 by a private contractor at a cost of \$292,253.00. A third project, No. 17-026, involved camera upgrades to various areas of the facility to include converting a dayroom into a group room. Cost of this project was \$2,799.84. The auditor has reviewed e mail/documentation concerning the Warden's request forwarded to the MDOC for review/approval and to CommTech Design, Rockford, MI 49341, for one additional 360 degree or two fixed-focal cameras to be mounted in an administrative hallway. The facility has also recently submitted for the acquisition of 53 replacement cassettes for the storage of data/video.</p> <p>In order to make a determination of compliance the Agency Head was interviewed. The Agency Head advised that cameras and mirrors are used to minimize blind spots and to record activities in those areas to better investigate allegations. New camera technology allows better privacy in areas where an inmate may be showering or toileting by digitally obscuring specific portions of those areas. Staff utilize round readers, and the placement of the reader buttons to ensure thorough rounds are being conducted and accurate recording of those rounds. The Agency Head advised that the Tasers utilized by personnel are equipped with recording devices to provide additional electronic evidence for investigators.</p> <p>The auditor interviewed the WHV Warden who advised that the facility is always upgrading the video surveillance system. When complete WHV will have 1,900 cameras. All the newer cameras are audio equipped. We have a combination of fixed and pan tilt zoom (PTZ) cameras. We try to cover all areas, ideally. The new inmate Vocational Village being constructed will have camera coverage designed into this building, and large glass areas of all the classrooms to facilitate supervision by security personnel.</p> <p>During Site Review, the audit team confirmed the extensive electronic surveillance, video and audio recording system in place and effectively operating at WHV. In addition, hundreds of security mirrors were observed mounted throughout the facility to enhance staff supervision, address blinds spots and to deter unauthorized activities. The vast majority of facility areas are included in this extensive camera coverage, to include staff offices and areas, programs and classrooms, closets and storage areas, staff and inmate work areas, stairwells, yards, Visiting Rooms and housing units. In the large Health Care Department, only the medical examination rooms and X-ray room are not equipped for CCTV. The smallest closets, if not equipped with an internal camera, have a camera positioned outside the closet providing coverage to the entrance door and/or thru the vision panel of the door. The Control Center and Separate</p>

Video Room was visited and evaluated by audit team members during the week. The audit team observed the detailed Control Center monitor-maps of the units, and had post personnel provide an overview of their duties and the CCTV system capabilities. Auditor notes that audio is not available for Control personnel to monitor--this feature is only available to the Video Room Sergeant or other authorized staff on-duty there. The Sergeant in the Video Room advised the audit team that no males are assigned to that post. The auditor had the Video Room Sergeant provide an overview of the system, and to retrieve a video clip of a PREA investigation. The auditor reviewed the scene of the allegation-footage with escorting staff and post personnel. The facility Equipment Technician was present as the lead auditor toured the Control Center and Video Room, providing insights and information concerning the CCTV system. The auditor toured the well-organized video storage room which maintains all of the facility video-audio recordings indefinitely.

The Site Review included the Vocational Village under construction on the West Side of WHV. This large 2-story programs building is an addition to the existing Programs Building which includes numerous classrooms and Auditorium. The Vocational Village will have 6 additional classrooms, 2 labs and a Braille program. 75 CCTV cameras are designed into this Vocational Village projected to be dedicated in late 2019. Large glass classroom vision panels were designed into the plans for this entire area to prevent blind spots.

Based upon the audit teams aforementioned review, it is concluded that the facility exceeds the requirements of the standard. The administration maintains a state of the art electronic surveillance system, retaining all video and audio recordings without destruction. It is evident that PREA considerations have been incorporated into everyday operational security, and when planning/designing additional facility areas, e.g. the Vocational Village and Youthful Offender Unit.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Auditor has reviewed the agency PREA Manual Section 24, Sexual Abuse/Sexual Harassment Investigations, Pages 28-31. The PREA Manual includes all requirements of the PREA standard, and includes the referral of allegations or incidents which appear to be criminal. Such cases are referred to the Michigan State Police for Investigation and/or prosecution through the local District Attorney's Office. Agency policy only allows for facility staff to conduct administrative investigations of sexual abuse or sexual harassment. Auditor has reviewed the 2015 correspondence from the MSP to the MDOC confirming that the MSP have authority and responsibility to conduct sexual abuse investigations within the MDOC.</p> <p>In the event potential exists, the facility arranges for a SAFE/SANE exam at a local hospital. The qualified hospital staff are to complete a CAJ-1020, PREA Forensic Examination Completed at Outside Hospital form and return to MDOC via mail. WHV Operating Procedure (OP) 03.03.140, Prohibited Sexual Conduct Involving Prisoners, Staff/Prisoner on Prisoner Sexual Abuse/Harassment, No. 5, pages 9-10, requires Supervisory Staff to ensure medical treatment is provided for sexual abuse allegations, to include escort to hospital for a SANE examination if potential for collection of forensic evidence exists.</p> <p>The investigative protocols used to collect and preserve evidence have been reviewed by auditor (Crime Scene and Preservation), a one-Hour training curriculum. The modules include Scientific Evidence, Protecting Evidence, Crime Scene Management, Outdoor Crime Scenes, and Responsibilities of First Responders. This curriculum was developed from the US Army Investigation Command and various Michigan State Police (MSP) training materials.</p> <p>The facility PAQ reports 0 number of forensic exams performed by a SANE or qualified medical practitioner during the last 12 months. Auditor has reviewed 3 completed CAJ-1020 forms completed in the last 12 months reporting transport to the community hospital for evaluation by a SANE. In each case, the forensic examination was conducted by a qualified SANE RN, with a Victim Advocate present providing either emotional support, crisis intervention or presence during the actual SANE examination. Two of the CAJ-1021 forms document that the inmates were returned to WHV due to ER staff discussions with the patient-inmate, with no evidence of a sexual assault and/or the inmate recanting their allegations. Auditor has reviewed documentation evidencing that the MSP have responded to the ER due to the transport of an inmate there for SANE examination, and as notified by the ER staff.</p> <p>MDOC PD 03.04.100 Health Services, Request for Urgent/Emergent Health Services, Section ZZ, pages 10-11, requires the transport of an inmate who has alleged sexual abuse to a local hospital when the alleged assault has occurred within 96 hours and the potential for evidence preservation exists. WHV utilizes Saint Joseph's Hospital (SJH), Ann Arbor, Michigan, 48106, for forensic examination services. The hospital would be notified of inmate transport prior to transport, and the hospital would provide a Victim Advocate if one is available. If not available, a facility trained Victim Advocate WHV employee would be dispatched to provide the required victim services at the hospital. To-date, WHV reports that SJH has consistently provided the required Victim Advocates during the SANE examinations of WHV inmates.</p>

By Memorandum in 2016, all facility medical/mental health personnel are to receive Victim Advocate training in order to provide such services to victims as necessary, when such services are unavailable in the community. The MDOC utilizes the Office of Victims of Crime, Training and Technical Assistance Center (OVCTTAC) which provides an online 19 module Victim Advocate curriculum which meets the requirements of the National Advocate Credentialing Program (NACP). Auditor reviewed the OVCTTAC training curriculum and five MDOC Course History Report spreadsheets which evidence the required training completion of all WHV medical and mental health personnel during the period 2016-2019.

Auditor interviewed the Saint Josephs Hospital Nurse Manager for the Sane Program. The Nurse Manager advised auditor that the SANE services at SJH are available 24-7. All of the SANEs are on call. We have activation of SANE if a sexual assault occurred within the last 120 hours of escort to our ER. It had been 96 hours but was just recently increased to 120 hours for evidence purposes. If a SANE is not available the ER staff physicians and nursing will perform the forensic examination. The ER staff will contact Safehouse at Washtenaw County, the sexual assault response team of the county, to provide victim advocate services. If a representative from Safehouse Center would not be available we can access victim services by contacting SAPAC at the University of Michigan which is only 3 miles from our hospital. We utilize a procedure at the hospital where the ER staff contact SANE, then a Victim Advocate, then law enforcement. We speak with a patient and they can consent or not consent. The forensic exam is the last thing after the discussions. Several patients from the prison have been here frequently. Once here and our team evaluates them, they say they made it up. It didn't happen. But we never refuse care. We review the time frame if within the 120 hours of the alleged sexual assault. We are always available but much of time there is no justification to proceed with exam. Inmates will then deny that a sexual assault occurred. It is frustrating for our staff and a strain on our resources. I have been a sexual assault nurse for 12 years. Auditor explained to the SANE Manager the facility procedures in receiving allegations, providing medical evaluation at the facility, and providing transport to the hospital, in accordance with policy, if the alleged assault had reportedly occurred in the last 96 hours. Auditor also advised the SANE of the existence of trained Victim Advocate personnel at the facility, in the event community victim services were not available to report to the ER for an inmate evaluation.

Auditor contacted the Safehouse Center, a Department of Washtenaw County, which includes a Sexual Assault Response Team. The Safehouse Center provides support for those impacted by domestic violence or sexual assault. Safehouse provides free and confidential services for any person victimized that lives or works in Washtenaw County. the services include emergency shelter for those in danger of being hurt or killed, counseling, legal advocacy, support groups, and especially, Hope. The website is: www.SafeHouseCenter.org. Auditor successfully tested the Safehouse Center Helpline, a 24-7 helpline for victims at 734-995-5444. Auditor interviewed the SafeHouse Center Sexual Assault Response Team Coordinator who advised that she has a group of staff and volunteer victim advocates who report to area hospitals when notified for their services. Her team is available 24-7 and provides victim support and follow-up services. She and her staff/volunteers have been present at SJH several times in the last 12 months to provide services for inmates who were being evaluated in the ER of SJH based upon their allegations. The Coordinator has gone onsite at WHV to meet with the inmate(s) subsequent to their ER evaluation. The facility

accommodates her as if she was an attorney, granting her private visitation with the inmates. She coordinates her visits to WHV with the Warden's Assistant when she needs to see an inmate at the prison.

In order to make a determination of compliance the auditor interviewed the facility PREA Coordinator (PC). The ADW/PC advised auditor that all of the facility medical and mental health personnel have received victim advocate training. If an inmate is transported to the hospital they receive victim advocate services from Community Victim Services. Upon return from the hospital the inmate would be referred to mental health. Staff are then available to provide victim advocacy services within the facility.

The audit team interviewed 8 inmates who had reported a sexual abuse. In the one case where the inmate was transported to SJH, a victim advocate was present to provide services at the hospital. In the other cases, the provision of victim advocacy services was either not applicable or the inmate was referred to mental health personnel or the JDI (Just Detention International) Hotline for further crisis intervention/victim supportive services. One inmate reported receiving a pamphlet from staff and was advised to return to mental health. Another inmate advised that she already had a therapist so she continued to see that therapist.

Based upon auditors' review of agency Policy and facility Operating Procedures and other documentation cited, and interviews with inmates, the facility PC, the hospital SANE Supervisor, and the Washtenaw County SafeHouse Center Response Team Coordinator, auditor has determined that the facility exceeds the requirements of the standard. WHV has complied with agency direction to provide all medical and mental health personnel with the required Victim Advocacy training, as a contingency in event that such services were not readily available at the hospital. Staff have been properly trained and are aware of their duties and responsibility to provide such victim services. WHV has multiple community agencies available to provide victim advocacy services, and auditors' review has concluded that the established procedures are being followed. In the last 12 months, one inmate has been criminally prosecuted/convicted/sentenced for False Reporting (Felony) due to making repeated false allegations concerning her being sexually assaulted at WHV. These allegations have included being transported to SJH for SANE evaluation.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor has reviewed the agency PREA Manual, Section 24, Sexual Abuse/Sexual Harassment Investigations, page 28, which includes all requirements of the PREA standard. The WHV OP 03.03.140, Prohibited Conduct Involving Prisoners, Investigation of Sexual Abuse/Sexual Harassment, page 5, delineates facility staff responsibilities in investigating sexual abuse and sexual harassment allegations, e.g. conducted promptly, thoroughly and objectively and in accordance with the Sexual Abuse/Sexual harassment Investigations portion of the PREA Manual. Auditor has reviewed agency Policy, 01.01.140, Internal Affairs (IA), pages 1-2, which provides direction for facility reporting of sexual abuse/sexual harassment incidents or allegations. The IA Manager reviews the facility reports received, determines what type of investigation is to be conducted, and assigns the investigation an AIM number i.e. Administrative Investigations Management. AIM is the agency computerized investigative database.</p> <p>The PAQ reports 146 allegations of sexual abuse or sexual harassment received in the last 12 months, with 73 of those allegations referred to the MSP for criminal investigation. The PAQ reports all investigations have been completed, with the exception of several that remain on-going, either in the facility or by the MSP.</p> <p>The agency PREA Manual, page 28, requires reporting to the MSP all allegations of sexual abuse or sexual harassment unless the alleged conduct is determined not to be of a criminal nature. Agency policy and directives concerning PREA and the referring of allegations to the MSP are posted on the agency website at: www.michigan.gov/corrections. The WHV OP 03.03.140, Prohibited Sexual Conduct Involving Prisoners, page 6 requires "any allegations of which appear to be criminal shall be referred to the Michigan State Police or other appropriate law enforcement agency to be criminally investigated and referred for prosecution."</p> <p>Auditor has reviewed the 2015 correspondence from the MSP to the MDOC confirming the MSP responsibility to conduct criminal investigations of sexual abuse or sexual harassment incidents/allegations within MDOC facilities. Auditor has reviewed 3 CAJ-107 forms (Request for Michigan State Police Investigation), referring 3 allegations of sexual abuse which had allegedly occurred at WHV in 2018. One of the cases resulted in the transport of the inmate to the hospital for a SANE examination, based upon the nature of the inmates allegation.</p> <p>The Agency Head has advised during interview that all investigations are processed through MDOC Internal Affairs (IA). The report is received, and forwarded to the Warden and PC at the facility. Information is entered into the database by IA and they determine the level of investigation, either by IA or IA- monitored, or facility conducted. If of a criminal nature the allegation is referred to the Michigan State Police by facility staff. An investigator is assigned who interviews victim, suspect and witnesses. The investigator gathers evidence and writes a report describing the investigation and reasons for the conclusion based on a preponderance of evidence. The victim is notified of the outcome. If substantiated, discipline is conducted. A meeting is held within 30 days to determine potential concerns that may have contributed to possible abuse. This review meeting is conducted unless the investigation is determined to be</p>

unfounded.

The auditor interviewed a facility investigator who advised auditor that the facility conducts their own investigations of sexual abuse or sexual harassment. If the allegation is beyond their realm, we go outside to the MSP if needed.

During Site Review, auditor formally interviewed one PREA Investigator. Separately, auditor reviewed 7 PREA investigative files selected by auditor. The file review was facilitated, as requested by auditor, with the PC and 3 PREA investigators participating in the review. During this review of investigative files, auditor made note of evidence relied upon, referrals to the MSP, transport to SJH for SANE examination, requested and reviewed video clips pulled and used as evidence, and staff completion of the respective required MDOC forms, e.g. CSH-107 Request For Michigan State Police Investigation; CAJ-1024, Sexual Abuse Worksheet; CAJ-1022, 90 Day Retaliation Monitoring; CAJ-1021, Prisoner Notification; CHJ-708, Incident Report; CSJ-156, Prisoner Injury Report; CXH-212 Roberta R (Mental Health Referral); CAJ-Critical Incident Participant Report; and CAR-986 Request for Investigation (IA). Auditor notes multiple examples of random files selected which included same-day MSP notification of sexual abuse allegations received, same-day timely escort to Health Care for evaluation; and same-day transport to SJH for possible SANE examination. Auditor also met with the facility Inspector who primarily facilitates the investigations referred to the MSP and being investigated by that agency. During Site Review, the facility took prompt action to enhance their organization of the investigative files and processes, by establishing a comprehensive chronological spreadsheet which incorporates all necessary data into one document, which includes dates/times, names/numbers, investigator assigned, Retaliation Monitoring, Prisoner Notice, MSP referral, etc.

Based upon auditors review of agency PREA Manual, Policy and facility Operating Directive, review of agency investigative files and video clips and interview with a facility investigator, it is determined that the facility meets the requirements of the standard.

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Auditor has reviewed the agency PREA Manual, Section 4. Training, page 9-10, which includes instruction to the facilities concerning the requirements for employee training in accordance with the PREA standard. The facility PAQ reports that WHV is compliant with all of the training requirements of the standard.</p> <p>Auditor reviewed the 2019 New Employee Training Schedule, noting that 152 new WHV Corrections Officers are scheduled to start Academy training on September 20, 2019. The MDOC training of new employees consists of 320 hours of instruction covering a broad range of correctional topics. New employee training, in-service training and the specialized training of the various staff classifications can include: Sexual Abuse & Sexual Harassment in Confinement (PREA); Gender Dysphoria; PREA for Healthcare/Mental Health; Managing Youthful Offenders (all new employees working at facilities Housing youthful offenders must complete the 24-hour Managing the Youthful Offender training program; Professional Employee Conduct with Offenders; Prohibited Sexual Conduct Involving Prisoners; Gender Dysphoria/Transgender Personal Search; Prisoner Contact-Sexual Abuse, Sexual Harassment, Overfamiliarity and Unauthorized Contact; National Institute of Corrections (NIC) Investigating Sexual Abuse and Sexual Harassment in Confinement Settings (2 Hours); and the MDOC Conducting Investigations in Confinement (8 hours). All new MDOC employees working at facilities housing female inmates are required To complete the Collaborative Case Management for Women Vital Differences (CCM-W) program (28 hours).</p> <p>Auditor has reviewed the MDOC Individual Training Program Report's (CAR-854) of all new personnel starting employment in WHV in the last 12 months, to include the most recent group of 19 employees in June of 2019. The CAR-854s document the New Employee Orientation/PREA Program A presented to each employee, and include each employees signature. All employees must also sign-off on the MDOC New Employee Training Policy/Procedure Check Off-List, which includes the MDOC Director's Office Memoranda (DOMS), 2017-12 which establishes requirements of the facilities concerning PREA; and the Director's Office Memoranda (DOMS) 2016-17, PREA Grievance Process.</p> <p>Random staff interviewed provided responses to the audit team verifying that the employees had an excellent understanding of the PREA training concerning their duties, responsibilities and first responder actions. Personnel advised that they receive the PREA training at the MDOC Academy, annually at PA-415 training (classroom or scenario training presented by facility staff), and through CBT training. The majority of staff reported having received the annual CBT training only several weeks or months ago, leading-up to the Site Review. The staff had excellent recall of the zero tolerance policy, overfamiliarity, inmate signs of sexual abuse, and their mandatory reporting requirements.</p> <p>Based upon the auditors' review of the agency PREA Manual, New Employee and In-Service Training Plans/Schedule, review of the extensive documentation maintained serving to confirm the training conducted, and staff interviews, it is determined that the facility exceeds the</p>

requirements of the standard. The agency provides an extensive and thorough new employee/Academy program, and a systematic and well-organized in-service program, utilizing various formats and curriculums. Informal discussions with facility personnel during Site Review and during formal interviews have demonstrated that staff have an excellent understanding of the PREA training received.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The MDOC PREA Manual provides for the training of Volunteers and Contractors:</p> <p>Volunteer and Contractor: The Department shall ensure that all volunteers, contractors and their staff who have contact with prisoners have been trained regarding their responsibilities/obligations under the Department's policies and procedures.</p> <p>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 prisoners. All volunteers and contractors who have contact with prisoners shall be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The facility shall maintain documentation confirming that volunteers receive and understand such training. The Department shall maintain documentation confirming that contractors receive and understand such training.</p> <p>MDOC Policy Directive 03.02.105 Volunteer Services and Programs, pages 1 and 4, provides: E. Overfamiliarity with prisoners is prohibited. Any volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with prisoners and shall be reported to law enforcement. The Michigan Department of Corrections (MDOC) will report such conduct to any relevant licensing bodies as deemed appropriate and as required by statute. If a prisoner reports an incident of sexual assault, abuse, or harassment to any volunteer, the volunteer must immediately report the allegation to MDOC staff. The volunteer must comply with the Prison Rape Elimination Act (PREA).</p> <p>R. Before providing volunteer services, each approved volunteer shall be provided a copy of the pamphlet developed by the CFA Special Activities Coordinator and shall complete an orientation program developed by the Volunteer Program Coordinator. The orientation program shall be appropriate to the nature of the service provided. Upon completion of the orientation program, the volunteer shall be required to complete and sign the back portion of the Volunteer Service Application (CAJ-248) acknowledging that s/he completed volunteer orientation, that s/he agrees to comply with applicable policies and procedures, and that s/he will not disclose to offenders or members of the public any confidential information to which the volunteer may have access in providing volunteer services.</p> <p>S. Volunteers and contractors, who have contact with inmates, shall be trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The facility shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>The PAQ reports a total of 535 volunteers and contractors who may have contact with inmates who have been PREA-trained.</p>

Auditor has reviewed random CAR-854 Individual Training Program Reports documenting the 1.5 hour volunteer orientation provided to facility volunteers prior to their entrance to the facility. This MDOC form reports that the PREA Orientation Program A has been provided to the volunteers. In addition, a signed Volunteer Contract is required of all volunteers indicating that they have received the volunteer orientation and Volunteer Orientation pamphlet. Auditor has reviewed the facility Volunteer Orientation Handbook provided to all facility volunteers. Auditor has reviewed the MDOC Course History Report for Non-Employees (contractors) evidencing the required orientation of contracted staff. The WHV also maintains an alphabetical MDOC WHV Approved Volunteers Report which includes all oriented and LEIN-cleared volunteers.

In order to make a determination of compliance the audit if interviewed 4 facility volunteers. The audit team was advised by 3 of the 4 volunteers that they had received the PREA orientation. One volunteer advised that they had reviewed policy, what to do and not do, and was aware of the zero-tolerance policy, and responsibilities (would report any information to Warden or Deputy Warden). This long-serving volunteer advised that she has never received a report of sexual abuse or sexual harassment from an inmate, and did not know whether she had to document such reports received. One volunteer stated that the volunteer had not received the training but is aware of the facility's zero-tolerance policy and has seen the PREA signs in the facility. The volunteer expressed hope that the PREA audit would help get a training session enacted.

The 2 contracted staff interviewed advised that they had both received the PREA training concerning their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response before they were allowed to start employment. The PREA training is provided annually online. The training consisted of review of the departments policy and employee responsibilities, what to do in scenarios, protect victim, preserve crime scene, contact security, always report. Who to report information to and how. I would follow-up with the inmates. The zero- tolerance policy was included in the training, is covered at staff meetings, on emails. There are frequent reminders.

Based upon the aforementioned review and interviews, it is concluded that the facility is in compliance with the standard.

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The MDOC PREA Manual, Section 4, e. Prisoner Education, page 11, requires that prisoners receive comprehensive information explaining the departments zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Section EEE. of MDOC PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, pages 8-9, requires that: The PREA Manager shall ensure standardized educational material to educate prisoners regarding conduct prohibited by this policy, self-protection, how to report conduct or threats of conduct prohibited by this policy, and that treatment and counseling is accessible to all prisoners. Educational materials shall be available to all prisoners, including any updates, in CFA and Reentry facilities and shall be incorporated into facility orientation programs. If needed, the Department will seek the assistance of interpreters for prisoners with disabilities or Limited English Proficiency. WHV PD 04.01.140 Orientation of New Prisoners, No. 9, page 2, requires the use of inmate peer educators to present new reception orientations, to include PREA, to the newly arrived inmates. The PREA education sessions are conducted in the Reception and Guidance Center (RGC) unit multiple times weekly based upon the number and frequency of inmate commitments.</p> <p>The facility PAQ reports 709 inmates, or 100%, received at Intake during the last 12 months who were provided the PREA information. Auditor has reviewed completed CAJ-1036 forms, Prisoner Education Verification, documenting by inmate name/number and staff and inmate signatures the provision and receipt of the required PREA education to the inmates.</p> <p>During Site Review, auditor attended a PREA education session facilitated by an inmate educator, and supported by a second peer educator and a staff person, on July 23, 2019. This session was conducted in the RGC unit and attended by 17 newly arrived inmates. The inmate educator provided an overview of PREA, walked the inmates through the completion of the required PREA acknowledgement forms, and presented a 20 minute female-version Taking Action PREA video. The inmate educator did an Outstanding job during the entire presentation, was credible, and probed for follow-up questions by the inmate participants. She repeatedly reiterated that WHV practiced zero-tolerance and was a "No Touch" facility. She pointed-out the numerous PREA posters, including the MDOC purple hands PREA posters which include the MDOC PREA Hotline phone number, and the JDI postings for emotional support services. She covered reporting methods...Report! Report! Report! She explained Knock and Announce and Male in the Unit practices, identified the WHV PREA Coordinator to the group and discussed the repercussions of making false allegations and touching another inmate, i.e. Misconduct # 033. The inmate educator reviewed the PREA Sexual Violence trifold (Identifying and Addressing Sexual Abuse and Sexual Harassment/A Guide for Prisoners) and had the inmates sign a receipt for the trifold and the provided education.</p> <p>Auditor observed a complete intake-reception of an inmate on July 23, 2019, to include the initial processing by the Intake Officer, the Fingerprint Technician and the Intake RN. During 1 on 1 with the Fingerprint Tech, the inmate reviewed her sentence structure, history and initial PREA risk assessment with the staff member. During this confidential interview process the</p>

inmate was provided a copy of the agency PREA Trifold (MDOC, Identifying and Addressing Sexual Abuse and Sexual Harassment, A Guide For Prisoners). This trifold, issued to every arriving commitment, reiterates the MDOC's zero tolerance standard for sexual abuse of prisoners, includes definitions of sexual abuse, reporting methods and information, guidelines to avoid sexual abuse, the Warden's name and facility address, the agency PREA Hotline (517-335-5355), and the phone number to contact Just Detention International (JDI) at 800-886-1492 to access emotional support services.

The PREA Manual requires that prisoner education be provided in formats accessible to all prisoners, including those who are Limited in English Proficiency, deaf, visually impaired or otherwise disabled, as well as prisoners with limited reading skills. WHV provides Spanish versions of the PREA trifold and Prisoner Guidebook as needed. During Site Review, the audit team observed the placement of consistent English and Spanish PREA posters (MDOC Purple Hands), PREA Audit Notice, JDI posters, and Privacy Notices are all posted in English and Spanish. The Prisoner Guidebook is also available in Braille. The facility maintains Purchase Contracts with private companies to provide language and sign-language translation services as cited in standard 115.16.

In order to make a determination of compliance the audit team interviewed 2 Limited English Proficient (LEP) inmates. One inmate reported that she had received the PREA information in Spanish but did not view the video in Spanish. She reported that she is able to read and understand English. A second inmate stated that the facility provides the information about sexual abuse and sexual harassment that she was able to understand. The information is by the phone and posted in the dayroom which she is able to understand and access.

Random inmates interviewed by the audit team advised that they had all received information concerning the facility's rules against sexual abuse and sexual harassment at Intake when they received a packet of information, and in RGC at orientation and by video. Some inmates recalled a Q&A session and discussion after watching the video. Several inmates noted the subject covered was not called "PREA" but the orientation and video was about sexual abuse and sexual harassment. Several inmates reported that the PREA information is posted, e.g. "There are posters all over the place with the phone numbers to call," in the units and information is available in the Law Library. Other inmates stated they receive JPAY emails about PREA. "We even got a JPAY email to say you would be auditing." One inmate stated when she came into WHV in 2011 she did not receive the information on sexual abuse or sexual harassment, but she did receive it when she came back in, in 2016. They sat us down to watch a video and told us how to report.

The audit team interviewed 2 physically disabled and 2 cognitively disabled inmates. One physically disabled inmate stated that she has to have somebody help her understand the materials. Another inmate stated she had an inmate Mentor help her to understand the materials. A cognitively disabled inmate stated that her Prison Counselor (PC) helps her understand anything. The two others stated that they received the PREA information and were able to understand it. One inmate added that sometimes the language used to describe what is reportable and what is not reportable is gray and it would be helpful for them to explain that better.

The regularly assigned Intake Fingerprint Technician in Intake advised auditor during interview

that the incoming inmates receive the PREA trifold upon Intake with their Welcome Packet of documents. When the Fingerprint Technician does her 1 on 1 with the inmate, she lets them know to report any issues to the officer or the PC. She discusses with them issues they may report. The Intake employee stated that all inmates receive the full PREA Orientation within 72 hours in RGC by two staff with a PREA inmate facilitator.

Based upon the thorough review by the audit team, including agency policy and procedures review, Site Review observations, and inmate and staff interviews, it is determined that the facility exceeds the requirements of the standard. The facility makes a concerted effort to properly PREA-orient and educate the inmate population, starting during reception at intake, during PREA education and throughout the inmates stay at WHV. The audit team observed conscientious and dedicated personnel performing their duties orientating the inmates at Intake, in Health Care/Mental Health, Security and Housing Units (Counseling/Programming). The inmate Mentors performing their valuable duties were commended on-scene by auditor for the excellent and consistent efforts that they provide.

115.34	Specialized training: Investigations
	<p data-bbox="252 170 928 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 618">Auditor reviewed the PREA Manual, Section 4, c. Specialized Training-Investigator, page 10, which requires specialized training from the Training Division to be able to conduct sexual abuse investigations in confinement settings. This 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. Documentation of training attendance shall be maintained in the MDOC Training Automated Data System (TADS).</p> <p data-bbox="252 667 1477 913">MDOC Policy 03.03.140 PREA, INVESTIGATION OF SEXUAL ABUSE/SEXUAL HARASSMENT, page 2, Section RR requires: Investigations of sexual abuse/sexual harassment shall be completed by staff who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly and objectively. All PREA investigations shall be conducted in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual.</p> <p data-bbox="252 969 1485 1384">Auditor has reviewed the MDOC Basic Investigator Training curriculum, Interview and Investigation Techniques and Fundamentals, consisting of various investigative training modules to include one hour of PREA. Auditor has reviewed the April/2019 WHV PREA Training roster of the facility investigators who have completed the required MDOC specialized investigative training, and the National Institute of Corrections (NIC): PREA - Investigating Sexual Abuse in a Confinement Setting course. A total of 36 WHV personnel have completed the required specialized courses and 33 are reported as currently being able to be assigned to conduct sexual abuse and sexual harassment investigations, i.e. all Sergeants, all Lieutenants, 1 Captain, 3 Inspectors, 4 Assistant Deputy Wardens (ADW) and 2 Deputy Wardens (DW).</p> <p data-bbox="252 1440 1485 1686">Auditor has reviewed the MDOC TADS Course History Reports documenting the completion of both the MDOC specialized investigator course and the NIC online investigative courses completed/passed by the facility PREA investigators. Auditor has requested and received certificate of completion verification to support the completion of the aforementioned investigative courses by the random selections of 1 DW, 1 Captain, 1 Inspector, 1 Lt. and 1 Sgt.</p> <p data-bbox="252 1742 1477 1989">Auditor interviewed one facility investigator who advised auditor that she had attended the required 3-day MDOC AIM investigative training at the Jackson Correctional Facility. She also completed the NIC online training course in 2018. the investigator stated she did not receive a certificate for that training. She asserted that the investigative trainings covered the requirements of the PREA standard and agency policy. She was familiar with the evidence criteria required and investigative techniques and processes.</p> <p data-bbox="252 2045 1461 2157">Based upon auditors' review of agency and facility policy, PREA Manual and procedures, review of agency and facility training documentation, training curriculums, an interview with a facility investigator, and review of facility PREA investigations conducted with multiple other</p>

investigators, it is determined that the facility exceeds the requirements of the standard. WHV requires and provides two specialized investigative training course to security personnel, from Sergeants and above in rank. The administrative personnel are also required to successfully pass the noted courses in order to have a better understanding of the investigative issues and processes. During Site Review, auditor has confirmed that the facility has properly trained a large cadre of supervisory and management personnel in order to provide readily available qualified personnel on-duty 24 hours a day in order to properly address incidents or allegations received.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The MDOC PREA Manual, Section 4, d. Specialized Training-Health Care/Mental Health Care, pages 10 and 11, requires all facility health care and mental health care staff to be provided with specialized training relating to sexual abuse in confinement settings. This training applies to all employees, contracted and volunteer health care and mental health staff. Documentation of training attendance shall be maintained in the MDOC Training Automated Data System (TADS).</p> <p>The WHV PAQ reports 44 (100%) current medical/mental health staff who work regularly at the facility and have received the required specialized training. Auditor has reviewed the MDOC Computer-Based Training curriculum, Sexual Abuse and Sexual Harassment in Confinement for Health Care Staff, Module 2, and Sexual Abuse and Sexual Harassment in Confinement for Mental Health Services Staff, Module 2. A 70% passing score is required for satisfactory completion of these specialized courses. Personnel access the required training courses on the State of Michigan Learning Center Training website.</p> <p>In order to make a determination of compliance auditor has reviewed the MDOC Course History Report documenting the specialized training of health care and mental health staff in the 2018 calendar year. In addition auditor has reviewed MDOC CAR 854 forms, Individual Training Program Reports, documenting the specialized training of a WHV Registered Nurse (RN) who has completed the specialized training for health care for the calendar years 2018, 2017 and 2016.</p> <p>The agency PREA Manual Section 21, Medical Mental Health Services Following an Allegation of Sexual Abuse, b. Forensic Examinations, pages 26-27, requires that a prisoner be transported to a local hospital for a forensic medical examination in cases where an alleged sexual abuse occurred less than 96 hours previously. Health Care staff do not conduct forensic medical examinations at WHV.</p> <p>The audit team interviewed 2 mental health and 2 health care staff employees during Site Review. The Health Care staff interviewed advised the audit team that they are required to do specialized CBTs annually. It is a combination of the basic PREA and an additional specific health care module. 100% of health care staff have completed this. The program is now more user friendly and has been updated. The CBT covers how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The mental health staff advised that they receive the specialized training on an annual basis. it is very extensive, includes definitions, covers PREA, overall signs of sexual abuse, threats, apprehension, afraid of retaliation, reporting requirements, first responder duties, securing the area, don't contaminate area, get statements, send patient to health care, review for injuries, transport to hospital for injuries if necessary, perhaps a SANE exam if penetration, notify the Sgt, and they contact healthcare and mental health. For mental health issues, we have a 24 hour Roberta hour Hotline M-F for any mental health concerns to</p>

be reported.

Auditor has concluded based upon audit team review that the facility is in compliance with the standard. The facility maintains extensive documentation confirming that the specialized training courses are annually scheduled and required of facility health care and mental health personnel.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor has reviewed the MDOC PREA Manual, Section 5 see. PREA Risk Assessments and Risk Assessment Reviews, page 13. Auditor has reviewed the Michigan DOC Policy Directive 03.03.140 Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners, Section Q. Risk Assessments, page 3. Both the PREA Manual and the agency Policy require that all prisoners be assessed during an intake screening and upon transfer to another facility for the risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. This initial assessment upon reception is to be conducted within 72 hours of the prisoners arrival at a correctional facility, including intake.</p> <p>In accordance with PD 05.01.140 Prisoner Placement and Transfer, CC. page 2, PREA Risk Assessment, staff shall complete the PREA Risk Assessments Worksheet (CAJ-1023) in accordance with the PREA Risk Assessment Manual. The assessment shall be completed using information contained within the prisoner's Records Office file, on electronic databases available to staff and obtained from discussions with the prisoner. Facility staff that administer the risk assessments utilize a CAJ-1023 form, Risk Assessments Worksheet, which is an objective instrument used to gauge an inmates risk of being sexually abused or risk of being sexually abusive, based upon factors established by the PREA standard, e.g. histories, disabilities, gender identity/sexual orientation, age, build, etc. Personnel then input this data into OMNI, the inmate database system.</p> <p>MDOC Policy Directive 05.01.140 Prisoner Placement and Transfer, Section DD. page 2, states: Designated staff shall complete a PREA-Risk Assessment Review-Prison form on all transferred prisoners no later than 30 calendar days after the prisoner's arrival at the facility, unless the prisoner transfers to another facility within the 30 calendar days. The PREA Manual, page 13, also requires a risk assessment review to be conducted within 30 days of a prisoner's arrival at a Correctional Facility or if it has been 12 months since the last review. WHV personnel utilize an automated Risk Assessment Tracker spreadsheet, which includes inmates name/number, arrival date, 72 hour initial risk assessment due date, assessment conducted date and by whom; 30 day due date, assessment review conducted date and by whom; and 1 year due-date for review, and by whom when completed. Auditor reviewed the 2019 Tracker form and found this to be a very helpful tool for personnel.</p> <p>Risk Assessments routinely occur within hours of arrival to WHV, as the Fingerprint Tech administers the initial PREA risk assessment. The Intake Tech is an integral part of the intake processing of all inmates, Monday-Friday. Only on a weekend commitment or holiday would an initial risk assessment be conducted later, but within 72 hours. Auditor observed an inmate being in-processed on July 23, 2019, within approximately 90 minutes of arrival. Auditor subsequently interviewed the Fingerprint Tech who advised that all inmates are routinely assessed for their risk of victimization and aggression at Intake, prior to being sent to the RGC or another unit within the facility.</p> <p>The PREA Manuel requires a PREA risk assessment review whenever warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may</p>

increase the prisoners risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. Prisoners may not be disciplined for refusing to answer or not disclosing information.

Auditor observed the reception of an inmate on July 23, 2019, at Intake. During the 1 on 1 with intake-processing by the Fingerprint technician, the employee who regularly administers the initial PREA risk assessment, the auditor observed that the inmate was not affirmatively queried concerning her sexual identity, i.e. LGBTI, as required by the standard. Auditor promptly discussed this observed standard deficiency with the MDOC Regional PREA Analyst, and the WHV Warden and PREA Coordinator. Subsequent to Site Review, in August 2019, the facility administration, Regional PREA Analyst and auditor developed a collaborative Plan of Action (POA) to address this risk assessment issue. WHV implemented a revised intake procedure on August 16, 2019 which included the requirement to affirmatively inquire of all incoming inmates concerning their gender identity, e.g. LGBTI. The POA included a plan to reassess all inmates then housed at WHV, by inquiring of their gender identity. On August 30, 2019, all inmates had been successfully queried concerning their gender identity by appropriate unit staff; unit confirmation was provided to the Warden's office in the form of a signed memo and completed respective unit rosters; and OMNI entries made accordingly. Auditor was timely notified and selected 71 inmates for documentation verification of those screened in August, 2019, and another 10 inmates who had been committed to WHV between August 16-September 9, 2019. Based upon auditors' review of facility actions and documentation/OMNI screenshots provided at auditors request, auditor has concluded that the facility has properly addressed this standard requirement.

The audit team interviewed the PREA Coordinator (the PCM at WHV) who advised auditor that the PREA information in OMNI is user-access restricted in order to protect confidential information. Three staff who conduct risk screenings were interviewed, with the employees stating that the inmates are not generally housed within the RGC unit long enough to have reassessments conducted, due to referrals, requests or incidents, as the inmates are not normally housed long in RGC. The employee interviewed did state that the 30-day reassessments are completed between 10 and 30 days of arrival. The Prison Counselors on the units have access to the inmates' risk assessment information, while other staff do not. Inmates are not disciplined in any way for refusing to respond or for not disclosing complete information. The PC explained the assessment/reassessment process to the auditor and advised when the PC would make a mental health referral based upon information obtained from an inmate or at the inmates request. The PC downloaded printouts of several recent reassessments conducted and discussed her possible actions based upon information received. Another risk screening staff member advised auditor that an inmate was never disciplined for failing to respond or not disclosing complete information during risk screening. The Intake Tech stated she reviews the inmates PSI/criminal history after her interview with the incoming inmate, for any domestic violence incidents, prior to her completion of the initial assessment. Only PCs, Resident Unit Manager (RUMS) ADWs and DW's have access to such assessment information in OMNI.

The MDOC PREA Manager advised that there is restricted computer access for personnel by a unique login. Only the folks who need to administer the assessment and supervisory staff and above have access.

Based upon the aforementioned review, and timely corrective action to address the noted deficiency, it is concluded that WHV is in compliance with the standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDOC Policy 05.01.140 Prisoner Placement and Transfer, Section CC. page 2, requires the facilities to consider the assessment when making housing, bed, work, education and program assignments. Risk assessment scores affecting bed assignments shall follow the procedures outlined in the PREA manual. The PREA Manual, Section 5 d. Decisions Based on Prior Risk Assessment Results requires facility staff to use the information from the risk assessment to inform housing, bed, work, education and program assignments with the goal of keeping prisoners at high risk of being sexually victimized separate from prisoners at high risk of being sexually abusive. These decisions shall include individualized determinations addressing how to ensure the safety of each prisoner.</p> <p>Auditor reviewed a 2018 WHV memorandum from the Warden prohibiting assignment of inmates with a PREA Risk Assessment of Aggressor or Potential Aggressor from various institutional assignments to prevent them from being paired with inmates whose PREA risk assessments are Victim or Potential Victim.</p> <p>WHV Operating Procedure 03. 03.140 Prohibited Sexual Conduct Involving Prisoners, Section WW. Placement of Prisoner With History of Sexually Aggressive Behavior Involving a Victim of the Same Sex, page 8, the prisoner will be placed only in single-cell housing in a Level IV or Level 5 facility unless the Warden believes that such placement is not necessary and the MDOC approves alternative placement. The prisoners continuing need for such placement will be reassessed whenever she is screened for security classification pursuant to policy directive 05.01.130 Prisoner Security Classification in accordance with Policy Directive 03.03.140 PREA.</p> <p>Auditor has reviewed The PREA Manual, Section 5 b. Transgender, Intersex, Gender Identity Disorder/Gender Dysphoria, page 12. which includes all requirements of the PREA standard. MDOC PD 04.06.184, Gender Identity Disorder (GID)-Gender Dysphoria, Section M and N. page 3, include provisions for the development of individual management plans and a twice annual review to determine if any changes are needed to the approved individual management plan. The form shall be submitted for approval To the MDOC GDCRC (Gender Dysphoria Collaborative Review Committee) and distributed, consistent with the requirements set forth in paragraph M. This policy requires the facilities to consider the prisoners' own views with respect to his/her own safety, and the prisoners' own views shall be given serious consideration. The facility will consider on a case by case basis housing and programming assignments and whether a placement would compromise the prisoners health and safety and any management or security concern. The prisoner shall have access to toilet and shower facilities with relative privacy.</p> <p>Auditor has reviewed two CHJ-339 forms, Individual Management Plan for Gender Dysphoria, completed in 2017 and 2018 for two transgender inmates housed at WHV. For 2019, auditor has reviewed confirming documentation that the required review of the two transgender inmates housed at WHV evidences the staff's monitoring and review, as required by the standard and agency policy. The forms evidence on-going staff review and semi-annual local</p>

administrative review. Showers in relative privacy, special requested clothing provisions, every-three month mental health services and medications are included in the regular staff review and provisions approved/denied accordingly, following staff review. The documentation confirms facility consideration of the inmates own views and decisions made on a case by case basis, and provisions approved/denied, accordingly.

The audit team interviewed the agency PREA Manager who advised that MDOC does not have any facilities that have dedicated units or wings for LGBTI housing. Facilities that have open bay dorms prevent Gender Identity Disorder inmates from being housed in these areas. Some facilities that have a higher level of care (hormonal levels), based upon inmate needs, can be used for placement and monitoring. The facility PC advised auditor that WHV does not have any specific units for housing of LGBTI inmates. The facility is not subject to a consent decree legal settlement or legal judgment requiring that it establish a dedicated unit or wing for LGBT I inmates.

Two transgender inmates were interviewed, with one advising that the staff have not asked her questions about her safety concerning housing, programs, work, and exercise. She has not been placed in a unit used only for transgender or intersex inmates. She has been approved to shower at count time on the unit when the other inmates are locked-in. The second transgender inmate interviewed advised the audit team that staff have not asked her questions about her safety concerning housing, work or programs or exercise. One inmate stated that he feels unsafe due to an officer at WHV having assaulted her, verbally harassing her, and wrote her up (misconduct). The inmate believes she was searched once because an officer wanted to see her anatomy, and used searching for contraband as an excuse. She is allowed to shower separately during count time under her management plan.

Based upon auditors review of agency policies, PREA Manual and local documentation, and interviews with staff and inmates, it is concluded that the facility meets the requirements of the standard. Auditor has concluded that a culture of compliance has been established at WHV, with the staff performing their duties at all levels seeking to comply with agency policy and the PREA standards.

115.43	Protective Custody
	<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 1481 533">The PREA Manual, Section 9, Protective Custody, page 16 includes all provisions of the PREA standard. PD 04.05.120A Segregation Standards, reports WHV to be equipped with Administrative, Punitive and Temporary Segregation cells. The PAQ reports that 0 inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.</p> <p data-bbox="248 584 1481 958">The MDOC has approved a statewide variance (CAJ-296 Request for Policy Variance) to PD 04.05.120, providing for an inmate to be housed in temporary segregation for more than seven business days when the prisoner is the subject of a Prison Rape Elimination Act (PREA) investigation. In such cases investigation should be completed as soon as possible. WHV has a procedure and practice of separating inmates by housing unit without using Protective Custody/segregated housing. Every effort is made immediately to separate the alleged victim from the alleged abuser. In the event that a victim of alleged abuse is placed into protective custody then that person’s status would be reviewed in accordance with PD 04.05.120 and WHV OP 04.05.120 “Segregation Standards.”</p> <p data-bbox="248 1010 1481 1301">04.05.120 Segregation Standards, Section BBB. provides that: Housing unit team members and SCC (Security Classification Committee) shall regularly review the behavioral adjustment of each prisoner classified to administrative segregation, including prisoners classified to administrative custody who are serving a detention sanction for misconduct. The reviews shall be conducted at least weekly, at intervals of no more than seven calendar days, during the first two months in segregation and at least every 30 calendar days thereafter until the prisoner is reclassified to general population status.</p> <p data-bbox="248 1352 1481 1727">In order to make a determination of compliance the audit team interviewed a segregated housing officer. The employee advised the audit team that inmates in segregated housing for protection from sexual abuse or after having alleged sexual abuse still have access to yard and library but not education and work opportunities. Protective Custody inmates are usually only there a few days, usually does not take long at all the inmate would move to a different housing unit, a couple days tops. The officer has never seen it get that long but the inmates would be reviewed every 30 days if it happens. The SCC runs one to two times a week to review releases. There were no inmates housed in Protective Custody available to interview due to sexual victimization concerns.</p> <p data-bbox="248 1778 1481 2069">The WHV Warden advised during interview that the facility provides protection for inmate by using housing unit changes, moving inmates to the other side (West and East), and by changing their level. There are no inmates presently in protective custody or involuntary segregated housing due to high risk of sexual victimization. Protective custody would only be used as a last resort after all other alternatives have been exhausted, only if there was nothing else available. I have instructions out about who goes to Seg. The Warden gets a report with the reasons why, when anyone is placed in Seg.</p> <p data-bbox="248 2121 1414 2157">Based upon the audit teams aforementioned review, it is determined that the agency is in</p>

compliance with the standard. Despite managing a very large population, the only female correctional facility in the MDOC, and receiving 146 PREA allegations in the last 12 months, the facility effectively utilizes their many facility areas, and both sides of the facility, to separate inmates when needed, without the use of Protective Custody/Segregation.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Section Y. page 2 of the MDOC PD 03.03.140 PREA, provides:</p> <p>Y. Prisoners may report allegations of conduct prohibited by this policy, including threats of such conduct and retaliation for reporting such conduct, verbally or in writing to any Department employee, through the MDOC Sexual Abuse Hotline, through the PREA grievance process as outlined in this policy, through the Legislative Corrections Ombudsman, or through a third party. If reported verbally to an employee, the employee shall document it in writing as soon as possible and report it to appropriate supervisory staff. When receiving any report of sexual abuse or sexual harassment, regardless of the source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for investigation.</p> <p>The agency PREA Manual, Section 18, b. Prisoner Reporting, page 23. states that inmates may report sexual abuse and sexual harassment, retaliation by prisoners or staff, or staff neglect or dereliction of duty that may have contributed to such an incident. Inmates may report verbally, in writing, anonymously or through third parties. Prisoners can file such reports through any staff member, by using the MDOC Sexual Abuse Hotline, through the prisoner grievance process, by a third party or by informing the Michigan Legislative Corrections Ombudsman's Office, which shall immediately file the complaint in writing to the department PREA Manager on the PREA Sexual Abuse/Sexual Harassment Referral form. The prisoner may remain anonymous upon request.</p> <p>Auditor has reviewed the MDOC Prisoner Guidebook which includes the multiple methods for inmates to report sexual abuse, sexual harassment, retaliation or staff neglect, i.e. directly to any staff member, PREA Hotline, Legislative Ombudsman Office or the MSP. The English and Spanish Prisoner Guidebooks reiterate the agency's Zero-Tolerance policy and encourage inmates to report any such information or incidents.</p> <p>Auditor reviewed the agency PREA trifold brochure which is provided to all inmates upon intake and at the PREA education sessions conducted in the RGC. This PREA trifold includes all of the methods available for prisoner reporting as noted above. Auditor reviewed samples of various 2018 and 2019 WHV inmate reports received via MDOC Hotline, via Third-Party inmates, verbally to security staff, and through the filing of a PREA Grievance form CAJ-1038. In all cases facility and MDOC Headquarters staff immediately reported the allegations received.</p> <p>The MDOC notifies the inmates of the availability of the Legislative Corrections Ombudsman (LCO) as an independent agency to report incidents or allegations of sexual abuse or sexual harassment . This information is contained in the PREA trifolds and the Prisoner Guidebooks. The MOU between the MDOC and LCO was initiated in 2014 in response to implementation of the PREA standards:</p> <p>Purpose: The purpose of this Agreement is to provide a way for prisoners, sentenced to a term of imprisonment with the MDOC, to report sexual abuse or harassment to the LCO, pursuant to Prison Rape Elimination Act (PREA) of 2003, 28 CFR Part 115. The LCO is able to</p>

receive and immediately* forward prisoner reports of sexual abuse and sexual harassment to MDOC officials, allowing the prisoner to remain anonymous upon request. LCO shall accept prisoner reports made verbally, in writing anonymously and from third parties and shall promptly document any verbal reports, § 115.51(b), § 115.54.

The agency PREA Manual, Section 18. a. Reporting and Recording Sexual Abuse and Sexual Harassment Allegations, page 23, states that staff may privately report sexual abuse and sexual harassment allegations through their chain of command, via the MDOC Sexual Abuse Hotline message line, the MDOC website or by writing to the Internal Affairs Division. Response to allegations made using these methods will be taken seriously, entered into the appropriate agency computerized database as outlined above and investigated. WHV staff are provided training, informing them of the various methods for staff to privately report.

The WHC PC advised auditor during interview that both staff and inmates can use the MDOC PREA Hotline to report sexual abuse or sexual harassment. The inmates can call anybody, inform staff, write the Ombudsman's Office. The information is posted everywhere. Reports can be made anonymously at the inmates' request.

Random staff interviewed by the audit team provided responses indicating an excellent awareness of inmate and staff official and private reporting methods, i.e. use PREA Hotline (inmates and staff), write a letter to MDOC at Lansing, MI, send kite to staff, tell Shift Commander or Inspector, contact Ombudsman, write MDOC Internal Affairs, call a friend or family member by phone, or file a grievance. Inmates are able to make such reports verbally, in writing, anonymously and from third parties. Staff responded that they document reports in the post logbook in red ink, supervisory notes or Incident Report, and would report such information ASAP, immediately, right-away, or as soon as they learned of it. One employee stated they would not document a verbal report, but would report it to their supervisor.

Random inmates interviewed by the audit team provided responses indicating that they had been properly educated on reporting methods, citing the PREA Hotlines, using the phones to call friends or family, writing the Ombudsman's Office, sending a kite to staff, informing staff, filing a grievance, having a friend, another inmate or family member report it for you, send an anonymous kite (snitch box), or by calling the number on the posters on the wall.

Based upon auditors review of agency policy, review of the MOU with the LCO, and staff and inmate interviews, auditor has determined that the agency meets the requirements of the standard. Both WHV staff and inmates are well informed/educated concerning their reporting methods and/or duty to report.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The MDOC PREA Manual Section 19 a. b. c. Prisoner Grievance Process, pages 24-25, include all provisions of the PREA standard including processing emergency PREA grievances, time limitations, third-party reporting and bad-faith reporting/discipline. MDOC Policy 03.03.140, PREA, Sections EE. thru NN., pages 6-7, provide for the filing of PREA grievances by the inmate population through a 2-step process, using a CAJ-1038A Prisoner Grievance Form (Step 1) and CAJ-1038B Prisoner Grievance Appeal Form, and include all provisions as established by the PREA standard.</p> <p>The PAQ reports 2 sexual abuse grievances filed in the last 12 months, with no time extensions implemented. There were 0 emergency grievances filed in the last 12 months that reported the inmate to be at risk of imminent sexual abuse. In the last 12 months there were 0 inmates disciplined for submission of a PREA grievance in bad faith. Subsequent to Site Review the facility filed disciplinary actions against four inmates who had made allegations of sexual abuse (not grievances) against other inmates or staff. The resulting investigations determined the allegations to be unfounded/no evidence, and the allegations made in bad faith.</p> <p>The audit team interviewed 8 inmates who had reported a sexual abuse. 7 of the 8 inmates interviewed advised the audit team that they were not notified in writing of any decisions made about their reports. The one inmate who informed the audit team that she did receive written notification had verbally notified a staff member of an attempted sexual abuse by another inmate. The 7 inmates who stated they did not receive written notification had made allegations determined to be sexual harassment by other inmates or an allegation of being touched by a female staff during searches. None of the aforementioned inmates had filed a grievance concerning their allegations.</p> <p>Based upon auditor review of agency and facility documentation, and review of inmates by audit team, it is concluded that the facility is in compliance with the standard.</p>

115.53	Inmate access to outside confidential support services
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1430 450">Section 23, Confidential Support Services, page 28 of the PREA Manual requires that the agency provide for outside victim advocates and emotional support services for the inmate population. Agreements with the community agencies will be documented.</p> <p data-bbox="252 499 1461 1003">A PREA Resource Center (PRC) Handbook, An End To Silence: Inmate Handbook on Identifying and Addressing Sexual Abuse, is a 71 page handbook maintained in the facility Law Library for inmates review/information. This handbook includes contact information for victim service agencies in Michigan. MDOC postings, dated February 3, 2017, notifying inmates of this resource handbook/directory, are posted and available throughout the facility. Auditor has been provided and reviewed a digital photograph evidencing the presence of this PRC handbook maintained in the Law Library of WHV. An Inside Line, a poster announcing services available through JDI, Just Detention International, 800-886-1492, are posted throughout WHV, in English and Spanish. The posters advise of help available for sexual abuse or sexual harassment victims. An anonymous PIN number is provided with the agency number, for access by inmates, family members or friends. All calls are confidential, anonymous, unmonitored and free of charge.</p> <p data-bbox="252 1052 1449 1176">MDOC PD 05.03.130 Prisoner Telephone Use, Attachment B. Universal List, includes the Sexual Abuse Hotline and Sexual Abuse Support Lines (JDI) as phone numbers available to all MDOC inmates.</p> <p data-bbox="252 1225 1481 1561">Auditor has reviewed the MOU with JDI, dated 4-11-18, which commits JDI to providing a statewide MDOC "...crisis sexual abuse support line for survivors of sexual abuse and sexual harassment housed within Michigan state corrections facilities." The support line is identified as "An Inside Line" by the Office for Victims of Crime (OVC). During Site Review, the audit team confirmed the consistent housing unit placement of JDI posters within WHV, in English and Spanish. Auditor notes that the JDI phone number (800-886-1492) has been added to the PREA trifold brochure issued to all newly committed inmates to WHV as part of the RGC reception/orientation process.</p> <p data-bbox="252 1610 1453 1861">Audit team interviews with random inmates and inmates who had reported sexual abuse confirmed an excellent inmate awareness of the JDI posters, and the ability to report anonymously, by third party, and that the calls were free of charge. The inmates were less familiar with the services available through JDI, with several inmates commenting that they believed they could find them (services) if necessary, that they haven't needed them, or that JDI provides the same services that are available at the facility.</p> <p data-bbox="252 1910 1449 2074">Based upon auditor review of agency PREA Manual and Policy Directive, review of the MOU with JDI, review of the PREA trifold, review of the PRC Handbook, An End to Silence, Site Review confirmation of the posting of required information, and inmate interviews, it is determined that the facility meets the requirements of the standard.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Auditor has reviewed the April 27, 2016 Director's Office Memorandum (DOM) which established the PREA Grievance Process and provides for third-party reporting of the sexual abuse or sexual harassment of MDOC inmates (page 3). This DOM provides that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance or emergency PREA grievance on behalf of a prisoner. A third party may also assist a prisoner in filing the prisoners' PREA grievance.</p> <p>The agency PREA Manual, Section 19, a. Sexual Abuse Allegations, provides for the third party filing of PREA grievances and providing assistance to inmates in the filing of PREA grievances in accordance with the DOM which establish the PREA grievance process in 2016.</p> <p>Auditor has reviewed MDOC website at www.michigan.gov/corrections which provides agency PREA policies and provides direction for third party reporting. An Online Reporting Form can be accessed on the agency website for third party reporting for sexual abuse or sexual harassment allegations.</p> <p>The auditor has reviewed the 2014 MOU between the MDOC and the Corrections Legislative Ombudsman's Office for the LCO to receive and forward prisoner reports of sexual abuse or sexual harassment. Reports may be submitted anonymously, from third parties, and submitted verbally or in writing.</p> <p>The MDOC PREA posters posted prominently throughout WHV include the MDOC PREA Hotline number and the MDOC website at www.michigan.gov/corrections for use by prisoners, parolees, detainees, or citizens (friends, family members, attorneys, advocates, etc.).</p> <p>Auditor has reviewed facility documentation evidencing the receipt and processing of third party and anonymous reports of sexual abuse and sexual harassment in the last 12 months.</p> <p>Based upon auditors review, it is determined that the facility exceeds the requirements of the standard. The MDOC/WHV provide multiple methods for third-party reporting of sexual abuse or sexual harassment. Staff and inmate interviews have confirm awareness of this method via staff trainings and inmate education.</p>

115.61	Staff and agency reporting duties
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 1473 528">The agency PREA Manual, Section 18, a. Reporting and Recording Sexual Abuse and Sexual Harassment Allegations, pages 22-23 include all requirements of the PREA standard concerning staff reporting. Agency Policy Directive (PD) 03.03.140 PREA and Prohibited Sexual Conduct Involving Prisoners, Section X. Reporting Prohibited Conduct, page 2, provides:</p> <p data-bbox="248 539 1481 913">Employees shall immediately report any knowledge, suspicion or information regarding allegations of conduct prohibited by this policy to appropriate supervisory staff. Reports shall be taken regardless of when the incident was alleged to have occurred. Reports may be made privately to appropriate supervisory staff, through the MDOC Sexual Abuse Hotline, by completing a Department Sexual Abuse/Sexual Harassment Complaint form on the MDOC website, by contacting the PREA Manager or by contacting the Department's Internal Affairs Division. If the allegations pertain to conduct at another facility (including county jails, another state prison, federal prison or substance abuse program facility), the Warden shall provide email notification within 72 hours as follows:</p> <ol data-bbox="248 969 1481 1391" style="list-style-type: none"> <li data-bbox="248 969 1481 1261">1. For allegations of sexual abuse within the MDOC - To the appropriate facility head. The Inter-Administration Investigation Protocol issued by the CFA and FOA Deputy Directors shall be followed if the allegation is regarding the conduct of an employee from another Administration. The appropriate facility head shall verify whether the allegation had been previously investigated. If not, s/he shall ensure the allegation is entered into the Department's computerized database and investigated in a timely manner. A courtesy copy shall be forwarded to the Department's PREA Manager. <li data-bbox="248 1312 1401 1391">2. For allegations of sexual abuse which occurred outside the MDOC - To the third party facility or local law enforcement where the incident was alleged to have occurred. <p data-bbox="248 1442 1445 1520">The State of Michigan MDOC Employee Handbook, Section 38. requires timely reporting by personnel in accordance with agency policy, e.g. PD 03.03.140.</p> <p data-bbox="248 1572 1449 1906">During Site Review the audit team observed the English and Spanish posting of Informed Consent posters in the health care and mental health departments, i.e. PREA NOTICE-LIMITATIONS OF CONFIDENTIALITY and INFORMED CONSENT. The posters notify the inmates of medical and mental health staff duty to report information concerning any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation, or staff neglect that occurred in a facility. As a result of staff duty to report limitations exist on the confidentiality of information shared with staff in the medical or mental health departments.</p> <p data-bbox="248 1957 1481 2159">The Warden informed auditor during interview that allegations or reports can be received from mental health, from security, from anywhere, and they are investigated. Only the Warden can authorize an investigation. Security enters the information into AIM, Internal Affairs reviews and it goes to the Correctional Facilities Administration. When it comes back down to the facility we assign investigator, typically lasts 60 days. The Warden assigns the investigator.</p>

The MDOC PREA Manager advised the audit team that staff would be required to report an alleged victim under the age of 18 or a vulnerable adult, as required as part of mandatory reporting. A Consent form would be completed and the Department of Health Services would have to be notified.

The audit team interviewed two medical and two mental health employees. Responses received indicated that medical staff report information received, knowledge or suspicion of sexual abuse or sexual harassment to the Director of Nursing, or to the Warden. Medical staff would disclose the limitations of confidentiality and their duty to report upon initiation of services to an inmate. Medical staff advised the audit team that they did become aware of such reports made by inmates in the last 12 months. The information was reported to HR and the ADW. The mental health staff stated that they do disclose the limitations of their confidentiality to the inmates, and that the mental health staff have the PREA Informed Consent posters in their offices. The mental health staff advised that they had received reports of sexual abuse and sexual harassment verbally, in writing and from the Roberta-R Hotline. When they have explained their duty to report the information, "some will stop talking, but others will say its alright." A mental health employee advised that they report any information received to their supervisor, Shift Commander and the Inspector. They would send an email to document the information received and then make a note in the Electronic Health Record (EHR).

Based upon the aforementioned review it is concluded that the facility is in compliance with the standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor has reviewed the MDOC PREA Manual Section 9, Protective Custody, page 16 which states: When a prisoner is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by ensuring no contact between the alleged abuser and the alleged victim. Action may include but is not limited to housing changes, temporary segregation, reassignment, stop orders and transfers. All actions must be documented, including the amount of time between the report and when action was taken, and available for the PREA audit.</p> <p>Agency policy 05.01.140 Prisoner Placement and Transfer, Section EE. page 2 requires personnel to take immediate action to protect the prisoner when a prisoner is subject to substantial risk of imminent sexual abuse or is an alleged victim of sexual abuse.</p> <p>In order to make a determination of compliance the auditor interviewed the WHV Warden. The Warden advised that when staff learn an inmate is subject to a substantial risk of imminent sexual abuse, we would put the inmate one-on-one with a staff member and remove the inmate from the threat. We separate the inmates by sides of the facility, We can always separate the two by housing them in the East and West sides of the facility. We would conduct interviews and respond accordingly, and do the paperwork. The Agency Head advised during interview that the facilities ensure that steps are taken to remove the risk to the prisoner. This separation could include separation of the prisoner from the potential abuser. Either one could be moved to a different housing unit. We would not place an inmate in involuntary segregation unless other less restrictive means are not available. We would document why less restrictive means were not available.</p> <p>Random staff interviewed reported that they would notify the inmates PC, Sergeant, Unit Manager, or Supervisor if they learned that an inmate was at risk of imminent sexual abuse, to get the inmate moved from the cell or to another area to protect them. We would get info from inmate and can offer protective custody if they are feel they are at risk, but they do not have to take it. We can move individuals, change cells, get her out of the environment, or the inmate needs moved. We would take this action immediately/right away and call the Control Center, The can be moved to another unit, segregation would be used as a last resort.</p> <p>Based upon auditor review of MODC PREA Manual and Policy, and staff interviews, it is established that staff meet the requirements of the standard concerning taking appropriate immediate actions to protect inmates who are reported to be at substantial risk of sexual abuse.</p>

115.63	Reporting to other confinement facilities
	<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 1474 658">Auditor has reviewed the MDOC PREA Manual, Section 18, Reporting and Recording Sexual Abuse and Sexual Harassment Allegations, page 22-23 which includes all requirements of the PREA standard concerning allegations received from other facilities or allegations received from WHV inmate alleging previous abuse at other facilities. MDOC Policy 03.03.140 PREA, Section X. page 2, documents the responsibilities of the facility in responding to allegations as required by the standard. The WHV OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section M. page 3, requires facility personnel take the actions required by the standard, agency PREA Manual and Policy Directive 03.03.140.</p> <p data-bbox="252 712 1442 913">The MDOC Director advised that the MDOC facility Warden notifies the facility head of the facility where the abuse is alleged to have occurred, upon a WHV inmate reporting a sexual abuse or sexual harassment. There are examples of such allegations being reported from another agency or facility. The facility PREA Coordinator or Warden's Office maintains this information.</p> <p data-bbox="252 967 1481 1384">The Warden at WHV advised auditor during interview that his office receives the reports of abuse at other facilities or at WHV previously. The Warden receives the allegations, generates a Request For Investigation (RFI), authorizes it and assigns an investigator. the Warden stated that there may have been one, maybe, in the last 12 months where an inmate at another facility alleged a previous abuse at WHV. During the interview, the Warden reviewed documentation and discussed a previous general allegation received from another agency, with that agency representative being reluctant to provide sufficient details to WHV in order for the facility to investigate. The Warden repeatedly reiterated his responsibilities in multiple emails, per the PREA standards, to promptly investigate, but the agency failed to provide information or cooperate with WHV.</p> <p data-bbox="252 1438 1474 1688">The PAQ reports 2 allegations received that an inmate was abused while confined at another facility. The Warden reportedly notified the identified facilities of the inmates' allegation, in compliance with the standard. WHV reports 0 allegations received from other facilities that an inmate was abused while confined at WHV. Auditor was provided and reviewed a 2018 email notification by the WHV Warden to another agency that an inmate confined at WHV had made an allegation of sexual abuse while confined at another confinement facility, previously.</p> <p data-bbox="252 1742 1468 1814">Based upon auditor's aforementioned review, it is determined, based upon the evidence, that the facility meets the requirements of the standard.</p>

115.64	Staff first responder duties
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1391 403">Auditor has reviewed the PREA Manual, Section 20, a. Response to Reported/Detected Sexual Abuse, pages 25-26, which provides detailed expectations of agency personnel:</p> <p data-bbox="252 448 1449 526">First Responder Duties: Upon learning of an allegation that a prisoner was sexually abused, the first staff member to respond shall be required to take action as follows:</p> <p data-bbox="252 571 1487 828">Custody staff shall: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if applicable; (3) If the abuse is alleged to have occurred within the past 96 hours, request that the victim and ensure that the abuser not take any action that could destroy potential physical and/or forensic evidence including but not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.</p> <p data-bbox="252 873 1449 996">Non-custody staff shall: (1) immediately notify his/her chain of command for a referral to the appropriate custody supervisor. (2) request that the prisoner victim not take any action that could destroy potential physical and/or forensic evidence.</p> <p data-bbox="252 1041 1455 1344">Auditor has received and reviewed the MDOC Sexual Violence Response and Investigation Guide made available to all agency personnel. This quick reference pocket-guide includes Sections providing instructions concerning Staff Responsibilities and First Responder duties, e.g. priority of protecting self, prisoners, evidence and crime scene, Documentation, Critical Incident Reports, Misconduct Report, Supervisor duties, Health Care and Mental Health, Investigators and Investigations, Required Documentation, Interviews, Do's and Dont's, Confidentiality, Physical Evidence, etc.</p> <p data-bbox="252 1388 1487 1814">The PAQ reports 73 allegations of sexual abuse received in the last 12 months. The PAQ reports 0 sexual abuse allegations received where staff were notified within a time period that still allowed for the collection of physical evidence. The facility PAQ reports that security staff responded and separated the alleged victim and abuser in 73 cases. The PAQ reports 21 cases where a non-security staff member was the first responder. Facility PREA Coordinator has further reported that the non-security cases first responder cases primarily resulted during health care/mental health appointments, with staff receiving inmate verbal reports of allegations. There were 0 cases reported where a non-security staff member acting as a first responder requested an inmate reporter not to take any actions to destroy evidence of sexual abuse, due to the nature of the inmate's report.</p> <p data-bbox="252 1859 1481 2116">During Site Review, auditor reviewed a sampling of PREA investigations conducted in the last 12 months, and several others involving sexual abuse allegations. The auditors review of evaluated files observed that inmates have presented allegations in various ways, but staff appear to process such inmate reports received by staff consistently, and by documenting the information received, observations, inmate participants, etc. Staff have notated their appropriate actions on Incident Report Forms, CHJ-708 and within emails.</p>

When interviewed by the audit team concerning their first responder responsibilities, a security officer stated they would call a co-worker to watch one of the inmates while they addressed the situation and ensured the inmates safety. The first responder would contact their supervisor, who would notify the authorities. The non-security staff member advised the auditor that they would keep the victim with them and notify their supervisor. Interviews with the random staff members provided consistent responses evidencing a strong knowledge of their first responder duties and priorities in accordance with the PREA standard, PREA Manual and the MDOC First Responder reference guide.

Based upon the aforementioned review and findings, it is determined that the facility meets the requirements of the standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor has reviewed the MDOC PREA Manual Section 20, b. Response to Reported/Detected Sexual Abuse, Facility Plan, page 26, which requires each facility to include in their operating procedures an institutional plan to coordinate actions taken in response to an allegation of sexual abuse. Agency Policy, 03.03.140 PREA, pages 2-10 outline agency employee responsibilities and procedures in coordinating actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, and facility leadership. The WHC Operating Procedures, 03.03.140, Prohibited Sexual Conduct Involving Prisoners, pages 3-13, provide various staff departments with direction in addressing an incident or report of sexual abuse, e.g. porting Prohibited Conduct, PREA Grievances, Investigation of Sexual Abuse/Sexual Harassment, Prisoner on Prisoner Sexual Abuse, Staff Sexual Misconduct/Harassment and Staff Overfamiliarity, Victim Advocates, and Staff/Prisoner on Prisoner Sexual Abuse/Harassment (individual employees responsibilities).</p> <p>During interview the WHV Warden advised that the MDOC has developed policy directives and the facility has operating procedures in place to coordinate staff actions in response to an incident of sexual abuse.</p> <p>Based upon auditors review of agency policy, the PREA Manual, facility OP's, Warden interview, and review of investigative files during Site Review, auditor has determined that the facility meets the requirements of the PREA standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor has reviewed the agency PREA Manual, Section 17, Collective Bargaining, page 22, which includes all requirements of the PREA standard concerning managements rights to direct the work force during investigations, or limits staff discipline or referral to law enforcement due to staff actions.</p> <p>Auditor has reviewed the employee Bargaining Unit contracts for 7 unions providing representation to various employee classifications at WHV. The contractual language provides for "management rights" in all cases, in order for MDOC/WHV to assign or transfer employees or to discipline employees for just cause.</p> <p>Auditor has reviewed 4 WHV Stop Orders restricting individual staff access to the facility due to an ongoing investigation or personnel actions to address employee misconduct in 2018 and 2019. The 4 Stop Orders involved two uniformed employees and two non-uniformed employees, consisting of 3 employee classifications and represented by multiple bargaining units.</p> <p>The Agency Head has advised that MDOC has employee agreements in place that do not prevent alleged abusers from being removed from contact with prisoners during an investigation, nor do they limit discipline for sexual abuse or sexual harassmt of prisoners.</p> <p>Based upon the aforementioned review, it has been determined by auditor that the facility meets the requirements of the PREA standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor has reviewed the MDOC PREA Manual, Section 10, Protection from Retaliation, page 17, which requires mad all prisoners and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation for reporting or participating in the investigation. PD 03.03.140 PREA, Prohibited Conduct, Section V. page 4 states that all prisoners and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation for reporting the incident or participating in the investigation. THE WHV OP 03.03.140 includes the language and requirements of MDOC Policy 03.03.140, and further requires that all prisoners and staff to be monitored for possible retaliation as outlined in the PREA Manual.</p> <p>The WHV facility has designated the housing unit supervisory/management staff with retaliation monitoring, i.e. Resident Unit Manager (RUM), Assistant Resident Unit Supervisor (ARUS) and Prison Counselor (PC). In order to make a determination of compliance, auditor interviewed a PC, who advised auditor that she tries to make sure the inmates are housed in different areas, she speaks with them every day and documents their behavior and demeanor every week or two in to the CAJ-1022 form, PREA Sexual Abuse Retaliation Monitoring, and enters the information into OMNI, The PC provided a 2019 CAJ-1022 example of her monitoring of an inmate in her unit and discussed her practices in not specifically discussing the allegation with the inmate, and notifying her supervisor (RUM) of how things are going with the inmate. She would call mental health for inmate to be seen if there was an issue. The PC asks if they feel threatened, do they feel safe. If they are moved to another unit, she notifies the other unit PC. The PC would monitor for 90 days, and longer if necessary, but she has not had any that went longer than 90 days. The audit team interviewed a second PC who advised that she monitors for retaliation for 90 days but could be longer. She has never had any actual retaliation on her unit. She has monitored for staff retaliation also. She does 1 on 1 interviews with the inmate in her office. She uses the CAJ-1022 form on OMNI and forwards to the DW who is the facility PREA Coordinator. She sees the inmates weekly or more, depending on their behaviors. She reviews staff reports.</p> <p>The Agency Head advised that mandatory monitoring is conducted for at least 90 days for retaliation of alleged victims of sexual abuse, or those participating in an investigation of sexual abuse or sexual harassment. Staff review housing unit and or work assignment changes of a victim or person suspected of retaliating.</p> <p>The Warden advised during interview that staff are put on notice during an investigation about retaliation. With the inmates, we separate and isolate them from each other on the compound, can increase them to a higher security level/housing unit, and move to an area with increased camera coverage. We do retaliation monitoring for sexual abuse allegations.</p> <p>The audit team interviewed 8 inmates who had reported a sexual abuse. Five of the inmates interviewed stated they were monitored by their PC or ARUS following their allegation. One inmate stated she met the staff member "in her office every Friday for 90 days," another had</p>

her class changed by the PC to avoid the other inmate, and another felt targeted in the unit by others and the PC had her moved to another unit. Two inmates did not remember being monitored and one inmate was determined to have made an allegation of sexual harassment.

There were no inmates confined in segregated housing for risk of sexual victimization/who alleged yo have suffered sexual abuse available to interview.

Based upon auditors review, it is concluded that the facility meets the requirements of the standard. The agency and facility have policy and procedures in place to provide direction for personnel. Staff interviews and review of CAJ-1022 forms have confirmed that designated staff are conducting the required monitoring. Inmate interviews have supported the staff reports of the retaliation monitoring conducted, and staff actions taken in response to inmate needs/requests. Auditor notes that WHV is a massive facility, consisting of two complete large institutions on the same compound. The administration, Shift Commanders and unit staff utilize the many housing units, and the East and West Sides to effectively separate and protect inmates.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The MDOC PREA Manual, Section 9, Protective Custody, page 16-17 include all requirements of the PREA standard. Auditor notes that WHV is the sole female correctional facility in the state corrections system. The facility therefore houses all classifications of inmates, which includes a segregation unit housing Administrative, Punitive and Temporary classification inmates. Transfer to another MDOC state facility is not an option for WHV. Separation issues must be handled in-house. The PREA Coordinator has advised that WHV would only use segregated housing if there is a valid concern for safety and security purposes of the inmate. Every effort is made immediately to separate the victim from the alleged abuser. There has been no use of involuntary segregated housing to protect inmate victims of sexual abuse during the last 12 months, as reported by the PC.</p> <p>The PAQ reports 0 instances of inmates who had suffered or alleged to have been the victim of sexual abuse placed in involuntary segregated housing in the last 12 months.</p> <p>The audit team interviewed the Warden, who advised that segregated housing is only used as a last resort, that staff have to justify why an inmate was placed in seg, and provide the reasons to the Warden's Office. All other alternatives must be exhausted, and only if nothing else is available. The Warden advised that the facility uses unit changes, changes inmate classification levels and will move to the other side (East/West). The Warden advised that there were no cases of an inmate placed in involuntary segregated housing to protect an inmate who was alleged to have suffered sexual abuse in the last 12 months.</p> <p>There were no inmates housed in segregated housing due to risk of sexual victimization available to interview. (The PAQ reported 0 inmates placed in seg in the last 12 months due to risk of sexual victimization). A segregation officer was interviewed by the audit team, and advised that inmates are usually only in segregated housing protective custody (for any reason) a few days. The SCC (Security Classification Committee) reviews seg inmates one to 2 times a week. The officer has never seen an inmate in protective custody longer than 30 days but they would be reviewed if that happened. Usually only a couple days, tops. The inmates in protective custody would have yard and law library privileges, but not education or work opportunities.</p> <p>Based upon auditors review, it is concluded that the facility meets the requirements of the standard. WHV has policy and procedures in place in the event an inmate would be placed in Protective Custody due to risk of victimization. As a matter of local practice, and in accordance with the PREA Manual, WHV OP and the PREA standard, the conditions of confinement would be compliant with the standard, and controlled by the SCC.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Manual, Section 24 Sexual Abuse/Sexual Harassment Investigations, pages 28-29, requires that when sexual abuse is alleged an investigator shall be assigned who has received specialized investigator training as outlined in the Training section of the PREA Manual. The investigation shall be conducted properly, thoroughly and objectively. MDOC PD 03.03.140 PREA, Investigation of Sexual Abuse/Sexual Harassment, Section RR. page 7, includes the requirements of the PREA standard and the PREA Manual. WHV OP 03.03.140 Investigation of Sexual Abuse/Sexual Harassment, Section GG. page 5, includes the requirements of the PREA standard, the PREA Manual, and agency PD 03.03.140 PREA.</p> <p>Auditor has reviewed the MDOC Sexual Violence Response and Investigation Guide, A Reference Guide for Staff Response to Allegations of Sexual Violence Against Prisoners. This pocket guide includes first-responder and other instructions for personnel conducting investigations. the guide requires all investigations to be conducted properly, thoroughly and objectively.</p> <p>Auditor has reviewed agency documentation advising that MDOC refers matters of a criminal level/substantiated sexual abuse investigations to the MSP for investigation, and/or referral for criminal prosecution. Auditor has reviewed the 2015 correspondence from the MSP Headquarters to MDOC confirming the MSP's commitment to investigate criminal conduct/allegations in compliance with the PREA standards.</p> <p>During Site review, auditor thoroughly reviewed 7 PREA investigations conducted by WHV investigators in order to confirm compliance with the PREA standard. Auditor reviewed the files with 3 PREA investigators, the WHV PREA Coordinator and the MDOC Regional PREA Analyst. Auditor concluded that the investigations were promptly, thoroughly and objectively conducted. The allegations were received by various means, but were generally reported verbally to personnel and were largely accusations made against cellmates, making verification difficult for staff investigators. The investigative packets included the MDOC Sexual Abuse Worksheets, CAJ-1024; Incident Reports, CHJ-708; Prisoner Injury Report, CXH-212, Roberta-R (Mental health Referral), CXH-212; Prisoner Notification Form, CAJ-1021; 90 Day Monitoring, CAJ-1022; Request for Investigations (RFI), Critical Incident Participant Report, CAJ-571; CAR-986; Request for MSP Investigation, CSH-107; Injury Report CSJ-156; Basic Information Sheet, CSX-117; inmate statements obtained; internal staff emails and external emails with MSP; evidence reviewed and relied upon; and investigative findings, among other report items. Auditor requested and obtained multiple additional investigative files concerning inmate allegations made by inmates encountered by auditor during Site Review, and during review of PAQ documentation. Auditor reviewed video clips which were utilized by staff investigators, and auditor departed the facility with 2 dvds documenting additional footage utilized by staff investigators to confirm/refute inmate allegations received. During Site Review, auditor recommended to facility staff that a comprehensive tracking spreadsheet be developed and implemented to serve as a tool for facility investigators and leadership when conducting investigations, and for referral/information by the administration, and auditor. Within hours the facility had adopted a WHV PREA Investigative Spread Sheet (Tracking form)</p>

for use by facility investigators.

A staff PREA investigator was interviewed by auditor. The investigator advised that she judges the credibility of an inmate based upon the evidence, their credibility has to stand until I know otherwise. An inmate would not be required to undergo a polygraph examination or other truth telling device as a condition for proceeding with an investigation. The facility conducts our own investigation, if it is beyond our realm we go outside to the MSP if needed. We start the investigation immediately. The Warden assigns the investigations and we get the assignments from the administrative officer. The first steps in initiating an investigation would be to receive the assigned investigation, establish questions for the victim, the alleged assailant and any witnesses involved. Complete the investigation within 30 days. Provide inmate notification of investigative results to the victim in accordance with policy. Audio and video, phone calls reviewed, shakedown results, review correspondence/read mail with authorization, obtain any evidence possible, if it was an anonymous allegation try to identify where the allegation came from, if it was a kite. We do the same process of investigation regardless of the source. A Request for Investigation goes up the chain of command. It automatically goes up and is assigned by the Warden. We collect all information or evidence. It is very rare we deal with an actual physical incident/allegation. We submit a Roberta-R for outpatient mental health if appropriate. Everything is treated as confidential. If it appears conduct could be criminal I go to my supervisors before I do anything else. In order to determine whether staff action for failures to act contributed to the sexual abuse I diligently and effectively conduct my investigation according to all the evidence that's available. We act as liaisons if the MSP is conducting an investigation of an inmate allegation. All investigations result in written reports which include a list of relevant audio, video, telephone, time sheets, all relevant evidence we collect and turn it in. We use a preponderance of evidence as the standard of evidence. We notify the inmates of the result using CAJ form.

During interview the Warden advised that he personally assigns the investigations to be conducted to personnel. If the MSP are conducting an investigation they keep the facility informed through an Inspector/Liason at the facility. The Inspector would exchange emails with the MSP, and the Warden's Office would be copied on the emails, information, etc.

The PREA Coordinator advised auditor that an Inspector has been designated as Liason with the MSP. The inspector keeps the PC and Warden informed of the progress of investigations being conducted. The PC provided a readily available e mail as an example of regular communications between MDOC (Inspector) and the MSP. The MDOC PREA Manager advised that the facility stays in communication with the MSP. The PREA Manager stated that the MDOC and MSP maintain a good working relationship.

Based upon auditors review of agency policy and the PREA Manual, review of sexual abuse and sexual harassment investigations conducted in the last 12 months with facility investigators, an interview with a facility investigator and other agency and facility leadership, and inmate interviews, the auditor has determined that the agency meets the requirements of the standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency PREA Manual, Section 24 Sexual Abuse/Sexual Harassment Investigations, page 29, includes evidence standard required by agency investigators: Preponderance of the evidence shall be the standard in determining whether allegations of sexual abuse or sexual harassment are substantiated. Auditor reviewed the WHV OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners, page 10, No 18. which identifies a preponderance of evidence as the standard of evidence necessary in order to substantiate an allegation.</p> <p>Auditor interviewed a facility investigator who conducts PREA investigations. The investigator advised auditor that a preponderance of evidence is the standard required to substantiate allegations of sexual abuse or sexual harassment. Auditor reviewed investigative files with two additional investigators who were aware of the PREA standards required burden of proof.</p> <p>Based upon auditor's review, it is determined that the facility meets the requirement of the standard.</p>

115.73	Reporting to inmates
	<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 1476 828">The MDOC PREA Manual, Section 24, d. Prisoner Notification Following an Investigation, page 30, requires that the facility notify an inmate who has made an allegation in writing as to whether the allegation has been Substantiated/Sufficient Evidence, Unsubstantiated/Insufficient Evidence or Unfounded/No Evidence. Following an allegation that a staff member committed sexual abuse against a prisoner, the facility conducting the investigation shall inform the prisoner, unless the investigation determines the allegation was Unfounded, whenever a staff member has been reassigned, left MDOC employment or been indicted/convicted on a charge related to sexual abuse at the facility. The agency PD 03.03.140 PREA, Section UU. page 7, further requires that inmates be provided a CAJ-1021 form upon completion of sexual abuse investigations. The WHV OP 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Section KK. page 6, provides for inmate notification as required by the standard, PREA Manual and PD 03.03.140 PREA.</p> <p data-bbox="252 884 1476 1041">When interviewed, the WHV Warden advised that inmates who make sexual abuse allegations are notified when an investigation is completed and determined to be substantiated, unsubstantiated or unfounded. Some Internal Affairs (IA) notices are sent to the inmate from IA at MDOC.</p> <p data-bbox="252 1097 1452 1176">Investigative staff when interviewed advised auditor that inmates are provided a CAJ form, a Notification, when an investigation of sexual abuse has been completed.</p> <p data-bbox="252 1232 1476 1556">8 inmates who reported sexual abuses were interviewed by the audit team. Auditor notes that many of the inmates identified their allegation as sexual abuse, with the facility either unable to substantiate the allegation, or determining the allegation to have been a sexual harassment complaint. 7 of the 8 inmates interviewed stated they were not provided any notification concerning their allegation. One inmate identified the month and year she received notification, i.e. 2018. Auditor has reviewed a completed October 2018 CAJ-1021 form reporting an inmates allegation to have been substantiated as a result of the facility investigation.</p> <p data-bbox="252 1612 1476 1904">The PAQ reports 73 investigations of sexual abuse were completed in the last 12 months. The PAQ reports 73 inmates received notification, or 100%, either verbally or in writing, of the results of the investigation. The PAQ reports 1 investigation of sexual abuse completed by an outside law enforcement agency (MSP) in the last 12 months. The inmate was notified of the results of the MSP investigation. The PAQ reports there has been a substantiated or unsubstantiated complaint of a sexual abuse committed by a staff member in the last 12 months. The PAQ reports the inmate was informed of the results of the investigation.</p> <p data-bbox="252 1960 1444 2150">The agency and facility have extensive documentation mirroring the requirements of the standard concerning the reporting to inmates following an investigation of sexual abuse allegations. The PAQ provided one example of a CAJ-2021 Notification form provided to an inmate in the last 12 months. During Site Review of the investigative files, auditor observed multiple CAJ-1021 forms had been issued and included in the investigative packets. The</p>

facility advised auditor that only sexual abuse allegations require a notification to the inmate, not sexual harassment. The facility therefore only notifies inmates who have filed sexual abuse allegations. A PREA investigator interviewed by auditor advised that inmates receive the CAJ notification form following the completion of a sexual abuse investigation. 7 of 8 inmates who reported sexual abuses (inmate on inmate) advised the audit team during interview that they were not notified of the results of the investigation conducted.

Based upon the inmate interviews conducted reporting that many inmates had not received notifications (CAJ-1021s) following investigations conducted, the multiple complaints in letters received by auditor that the facility failed to take action, and inmate complaints informally received during Site Review, the auditor reported this concern to the PC, Regional PREA Analyst and Warden. As a result of this reported possible deficiency, WHV reviewed all PREA files for 2019 and reissued inmate notification forms to those previously issued a form, and issued CAJ-1021s to those inmates identified as not having received a form (notification). Auditor notes that inmate notification forms are not required by the standard for sexual harassment allegations, which has caused some confusion among the inmates, and may have caused some uncertainty among staff. The recent implementation of a comprehensive PREA Investigative Spreadsheet should assist personnel in facility compliance with this issue in the future. The Warden has reiterated this requirement to all personnel responsible for compliance with this standard. Auditor has reviewed a sampling of newly issued CAJ-1021s issued to inmates that had been identified as not having received a notification previously, and to those that had received a notification previously. Auditor has further reviewed newly issued CAJ-1021s distributed in September, 2019 as evidence that then facility has addressed this inconsistent past practice. The auditor has determined that the facility meets the requirement of the standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor has reviewed the MDOC PREA Manual, Section 25, Disciplinary Sanctions/Corrective Action, Staff, page 31, which includes all provisions of the PREA standard. MDOC PD 02.03.100 Employee Discipline, Section E. page 1, requires employee compliance with policies and procedures, Civil Service Commission Rules and Regulations, and the Employee Handbook. At WHV, investigative files involving alleged staff misconduct are maintained in the Wardens Office due to the confidential nature of the reports. During Site Review, auditor was provided access to these files and reviewed documentation at auditor's request.</p> <p>The PAQ reports 4 staff members who have violated agency sexual abuse or sexual harassment policies in the last 12 months. 2 staff members were reported as having been terminated or who resigned prior to termination. The PAQ reports 2 staff members were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies; 2 staff members were reported to law enforcement or licensing boards following their termination or resignation for violating MDOC sexual abuse or sexual harassment policies.</p> <p>Based upon auditors review of agency policies, PREA Manual, and relative investigative files, WHV personnel actions taken based upon allegations received, investigations conducted and the investigative findings, auditor has determined that the agency meets the requirements of the standard.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Manual, Section 25 Disciplinary Sanctions/Corrective Action, Volunteer and Contractor, page 31, provides for the restriction from contact with prisoners of any volunteer or contractor who engages in sexual abuse with prisoners. Reporting such conduct to law enforcement agencies or to relevant licensing bodies shall take place as deemed appropriate and as required by statute. A contractor may also be subject to determination of the contract with the State. The facility shall take appropriate measures and shall consider whether to prohibit further contact with prisoners, in the case of any other violation of department sexual abuse or sexual harassment policies by a contractor or volunteer. MDOC PD 03.03.140, PREA, Section U, page 4, provides for the removal of a contractor or volunteer from facility access who engages in sexual contact with an offender. The policy describes such conduct as a felony defined in MCL 750.520c.</p> <p>Auditor has reviewed the MDOC 2016 Memorandum which established the investigative and personnel procedures for facilities to follow concerning the investigation and disciplining/termination of contractual employees. Auditor has reviewed a 2019 WHV Stop Order posted at the facility restricting the access to the facility by a contracted employee due to misconduct.</p> <p>The PAQ reports 0 contractors or volunteers reported to law enforcement or to relevant licensing bodies in the last 12 months, for engaging in sexual abuse of inmates.</p> <p>The WHV Warden advised auditor during interview that the same measures to protect the inmate would be taken for a contracted employee. We would prevent access to the facility. With contracts, the investigation becomes a MDOC Internal Affairs case. the reports are forwarded to the Contract Compliance unit of MDOC. We would do a Stop Order and suspend their key access. For volunteers, we write a recommendation to the MDOC Program Supervisor and it goes to the top of MDOC for approval. Religious volunteer reports go to MDOC Central Office.</p> <p>Auditors' review of agency policies and PREA Manual, interview with the WHV Warden and review of facility Stop Orders restricting staff and contractor access to the facility have established that the facility meets the requirements of the standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The MDOC PREA Manual, Section 25, Prisoner Discipline, page 32, provides for the disciplining of prisoners for engaging in any sexual contact with another prisoner. A prisoner who voluntarily engages in sexual behavior with another inmate is subject to discipline in accordance with MDOC PD 03.03.105 "Prisoner Discipline." The PREA manual includes all requirements of the PREA standard. Auditor has reviewed the PD 03.03.105 Prisoner Discipline, Attachment A, which includes multiple charges for Sexual Assault, i.e. No's 013 (prisoner victim; sexual acts); 051 (prisoner victim; abusive sexual contact); 052 (staff victim); and 053 (other victim). Class 1 Misconducts for Sexual Misconduct are No's 033 (prisoner-prisoner contact); 054 (prisoner-other contact); 055 (exposure); and 056 (imitating behavior).</p> <p>The PAQ reports 0 disciplinary sanctions issued as a result of administrative or criminal findings of sexual abuse in the last 12 months. The PAQ reports 2 investigative findings of inmate-on-inmate sexual abuse that have occurred at the facility. There were 0 reported criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility in the last 12 months. Subsequent to Site Review, the facility pursued disciplinary actions charging four inmates with false reporting. The noted inmates had their sexual abuse allegations against other inmates and staff determined to be Unfounded, following facility investigations.</p> <p>The Warden advised auditor during interview that the facility Hearing Officer will conduct hearings on Misconduct Classes 1 and 2. The misconduct sanctions are proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Seriously mentally ill behavior goes to mental health team for review, and then to Hearing Officer. The prisoner may be moved to another unit or referred to the MSP for criminal review based on administrative findings.</p> <p>The audit team interviewed 2 medical and 2 mental health staff in order to make a determination of compliance. The medical staff advised that the facility employees can submit a Roberta-R Mental Health Referral for intervention as appropriate. One medical staff interviewed believed that the inmate's participation was required as a condition of access to the programming available. The facility offers therapy, counseling or other intervention services designed to address and correct the underlying reasons or motivation for sexual abuse. These services are offered to the offending inmate. The second medical employee interviewed was unaware of the nature of the mental health programming services available to the offending inmates. The mental health (MH) staff interviewed stated that MH conducts an assessment of inmate needs, whether traumatized, anxious, PTSD, or not sleeping. We talk to both victims and perpetrators, each separately. The perps usually deny their conduct. the employee stated she has never had a perp admit and speak with MH. The inmates participation in MH programming is voluntary and the access to programming is not conditional upon their participation. Evaluation of the prisoners for sexual abuse programming is individualized. She would refer an offending prisoner to the MH Unit Chief for evaluation for intervention services.</p>

Based upon auditors review, it is determined that the facility is in compliance with agency policy and the PREA Manual, meeting the requirements of the standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor has reviewed the PREA Manual, Section 6, Medical/Mental Health Screening, page 14, which includes all requirements of the PREA standard including medical and mental health referrals, maintaining confidentiality, obtaining informed consent. MDOC PD 04.01.105 Reception Facility Services, Section KK. page 7, requires the referral to psychological services staff for those inmates with a history of physical or sexual abuse, or who poses a reasonable concern that he/she may be sexually victimized while incarcerated due to age, physical stature, history, or physical or mental disabilities. When necessary prisoner shall be referred for mental health services in accordance with MDOC Policy Directive 04.06.80 Mental Health Services. MDOC PD 04.06.180 Mental Health Services, Section F. page 2 requires that Qualified Mental Health Professionals (QMHP's) shall be available to provide mental health services. Prisoners in need of mental health services shall be identified in a timely manner, have reasonable access to care and be afforded continuity of care including aftercare planning and follow up as indicated. The following institutional services are provided by QMHP's to prisoners as clinically indicated: mental health intake evaluation and crisis intervention. MDOC PD 03.04.100 Health Services requires comprehensive medical and psychological screening and treatment/intervention services be provided to inmates (Section T. pages 3-4).</p> <p>The PAQ reports 100% of inmates who disclosed prior sexual victimization or who had previously perpetrated sexual abuse were offered a follow-up meeting with a medical or mental health practitioner. Auditor has reviewed examples of OMNI documentation verifying and reporting the initial risk screenings of inmates where they requested counseling and were offered mental health services for sexual victimization.</p> <p>Auditor has reviewed the MDOC CAJ-1028 PREA, Authorization for Release of Information form, which is required to be completed for 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.</p> <p>The audit team interviewed 2 staff members responsible to conduct risk screening of inmates. If the inmate indicates they were sexually victimized I note the information in OMNI and let the inmate know they will be seen by medical or mental health within a week. Typically mental health will see the inmate within a week. If it was a recent incident I would offer medical and make note if the offered services were accepted or declined. Most of the inmates decline offers for mental health intervention. The Roberta-R form would be filled out, and mental health would meet with them the next day.</p> <p>A medical staff person interviewed advised that she never had to obtain informed consent from an inmate, but would think that we would. A second medical staff person informed the audit team that informed consent would have to be obtained from a teenager, an inmate under the age of 18, before reporting about prior sexual victimization that did not occur in an institutional setting. Both MH employees stated that staff use the informed consent form as required. Both MH staff were uncertain of the informed consent process for an inmate under</p>

18. One stated that she believed that the facility would have to get the inmate's Guardian involved in the process, if the inmate had one.

Two inmates that disclosed prior sexual victimization during the risk screening process advised the audit team that they were offered follow-up meetings with medical or mental health staff. One inmate stated she was referred and met with a therapist within a week or two after disclosing, and she still meets with them (therapists).

Based upon auditors aforementioned review, it is concluded that the facility meets the requirements of the standard. In addition to the formal interviews of medical/mental health staff, during Site Review auditor evaluated the entire intake-processing of inmates, and met informally with multiple mental health personnel concerning their duties in providing services to the inmates as referred by the risk assessments conducted or through the Roberta-R procedures in place at WHV. Auditor has concluded that these services are provided in a timely, conscientious and caring manner by dedicated facility personnel.

115.82	Access to emergency medical and mental health services
	<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 1477 831">Auditor has reviewed the PREA Manual, Section 21, Medical/Mental Health Services Following an Allegation of Sexual Abuse, a. Initial Victim Services, page 26, which includes all requirements of the PREA Standard. PD 03.03.140 PREA, Section Z. page 5 requires sexual abuse reporters to be referred to the Bureau of Health Care Services (BHCS) for examination, evidence collection, and treatment. They also shall be referred to BHCS mental health services staff for assessment, counseling and other necessary mental health services consistent with the requirements set forth in PD 04.06.180 Mental Health Services. PD 03.04.125 Medical Emergencies, page 1, Policy Statement, requires that: Employees shall provide appropriate and timely response to medical emergencies consistent with the employees training and the use of standard (i.e. universal) precautions. WHV OP 03.03.140 PREA has incorporated the agency PREA policy requirements into their local Operating Procedures concerning initial medical and mental health response.</p> <p data-bbox="248 884 1461 1043">The PREA trifold, Identifying and Addressing Sexual Abuse and Sexual Harassment, A Guide for Prisoners, issued to all incoming inmates (English and Spanish) includes information concerning facility medical and mental health services available for victims of sexual abuse. Instructions are provided on obtaining both medical and mental health services or help.</p> <p data-bbox="248 1097 1477 1688">The audit team interviewed 2 medical and 2 mental health staff. The mental health staff advised that they would ordinarily see the inmate the same date that they had received an allegation/referral. If not the same day, they would see them the next business day. The nature and scope of the services determined are totally up to the clinician. We formulate a treatment plan with the prisoner together and develop something agreeable. If if an inmate makes a verbal report and notifies an officer, the officer notifies the Sergeant who notifies Health Care. The officer would call the Roberta-R Hotline and we would see the inmate ASAP, that afternoon or the next day. We make some judgments about a case at that time. The urgency requires us to make a call. We do some triage. The medical staff interviewed provided consistent responses describing their provision of medical services to a victim/alleged victim. The medical staff added that inmates are provided information upon admission at Intake concerning access to emergency contraception and sexually transmitted infection prophylaxis. The inmates receive a hand-out sheet and are also given the handout again at their Annual Health Screening on their birthdays.</p> <p data-bbox="248 1742 1477 2114">A non-security staff first responder advised the audit team that they would keep the patient with me, keep them safe and separate. I would notify the control center and the supervisor. I would advise who the aggressor was and where it occurred. I would would give instructions not to brush teeth or destroy evidence. I would notify health care for an examination. I've not had any report given to me directly. I've only done the evaluations after a complaint has been received. A second non-security employee advised that they would keep the victim with them and notify the supervisor. A security staff member advised the audit team that they would call their partner on post to watch one of the inmates. I would contact the unit supervisor who will call authorities. I would make sure the victim is okay.</p>

8 inmates who reported sexual abuse were interviewed by the audit team. All 8 advised that they were not offered information concerning emergency contraception or sexually transmitted infection prophylaxis as their complaints concerned sexual harassment by other inmates or a pat search by staff. 6 inmates interviewed stated they were offered medical and/or mental health services, with one declining any services. Several inmates agreed to be seen by medical and/or mental health. One had already been seeing a mental health therapist so she continued. Two who advised that they had filed sexual harassment complaints were not offered medical examination services.

Based upon auditors review, it is concluded that the facility is compliant with the requirements of the PREA standard and agency policy. WHV responds accordingly by offering and providing the required services based upon an incident or allegation received. During Site Review auditor has reviewed investigative files which evidence medical/mental health documentation resulting from staff response to allegations received. Inmate Prisoner Injury Reports, CSJ-156 Prisoner Injury Reports are completed and submitted by personnel in accordance with policy. Based upon inmate and staff interviews, and auditor's review, it is determined that the facility meets the requirements of the standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<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 1453 616">The PREA Manual, Section 21 Medical/Mental Health Services Following an Allegation of Sexual Abuse, c. Ongoing Victim Services, page 27, addresses inmate follow-up services, treatment plans, and when necessary referrals for continued care following their transfer, placement in other facilities, or release from custody. MDOC PD 04.06.180 Mental Health Services, General Information, Section F. pages 1-2, and Institutional Services, Section H. page 2, establish agency requirements for the provision of mental health services, to include crisis intervention, in compliance with the standard.</p> <p data-bbox="248 667 1465 954">MDOC PD 03.03.140, PREA, Section III, page 9, provides that: Prisoners with a history of sexually aggressive behavior, or who are found guilty of sexually aggressive behavior while incarcerated, shall be referred to BHCS mental health services staff for assessment, counseling, and other necessary mental health services, as appropriate, consistent with the requirements set forth in PD 04.06.180 “Mental Health Services.” Prisoners who are reasonably believed to be at risk of sexual victimization while incarcerated, or who have been sexually assaulted while incarcerated, shall similarly be referred.</p> <p data-bbox="248 1010 1477 1299">Auditor has reviewed a completed MDOC CHX-212 Roberta-R (2018), Mental Health Services Referral form documenting a written allegation of a sexual abuse submitted by an inmate alleging attempted sexual abuse by her cellmate. The unit officer took immediate action to separate the two inmates by housing units and submitted a Roberta-R form for a follow-up mental health interview. WHV has provided auditor a written document (June, 2019) reporting that both inmate victims and perpetrators are routinely offered medical and mental health services following an incident or allegation of sexual abuse.</p> <p data-bbox="248 1355 1477 1601">The PAQ reports that there have been no instances of vaginal penetration of a WHV inmate in the last 12 months that would require a pregnancy test. The facility has asserted in the PAQ supportive documentation that such a test would be offered in such a case if the abusive penetration involved a male. WHV has advised auditor that a pregnancy has not occurred at WHV in the last 12 months. The facility would offer all information pertinent to this standard in the event pregnancy would result from sexual abuse during incarceration.</p> <p data-bbox="248 1657 1477 2112">The audit team interviewed 2 medical staff who advised that the evaluation and treatment of inmates who have been victimized entails an evaluation for emergency symptoms, determine whether the patient needs transported to the ER by ambulance or by state vehicle, depending on stability of the inmate. A second medical staffer stated the inmate victim would be brought to the intake RN while leaving the aggressor upstairs. We ask the victim what happened. Take information, no changing clothing or anything, notify the Doctor, and they call the hospital, and send the information to mental health. Upon Intake, if the Intake Nurse recognizes a history of sexually abusive behavior, she submits a Roberta-R to mental health to start the process with them. Medical staff advised that pregnancy-related services and information would be provided to an inmate in the event a pregnancy resulted from sexually abusive behavior while incarcerated.</p>

One mental health employee interviewed stated the mental health staff have private offices (no cubicles). They would do an interview face to face. We tell them about us having to report. We listen in their own words what happened. It's not your fault..no one has the right to touch you...We observe if they are distraught or having thoughts of cutting themselves or the one that hurt them. We then do a suicide risk procedure and notify Control Center. We do not leave sight of the person. We get escort to the observation cells. We do a better job than in the community. There is accessibility to services here.

8 inmates who reported sexual abuse were interviewed by the audit team. The allegations made primarily concerned sexual harassment issues involving other inmates. No allegation involved male staff, pregnancy or penetration. The 8 inmates advised that they were not offered information concerning emergency contraception or or sexually transmitted infection prophylaxis as their complaints concerned sexual harassment by other inmates or a pat search by staff. 6 inmates interviewed stated they were offered medical and/or mental health services, with one declining any services. Several inmates agreed to be seen by medical and/or mental health. One had already been seeing a mental health therapist so she continued. Two who advised that they had filed sexual harassment complaints were not offered medical examination services.

Based upon auditor review of agency policies and PREA Manual, and staff and inmate interviews, it is concluded that the facility meets the requirements of the standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Manual, Section 26, Sexual Abuse Incident Review, pages 32-33, includes all requirements of the PREA standard. The WHV OP 03.03.140 PREA, No. 24, page 12 states that the PREA Coordinator completes CAJ-1025 while holding the incident Review Team meeting within 30 days for all sexual abuse investigations with sufficient or insufficient evidence findings. The WHV PAQ reports 48 sexual abuse incident review team meetings conducted in the last 12 months to review completed criminal and/or administrative investigations of alleged sexual abuse.</p> <p>Auditor reviewed three completed CAJ-1025 PREA, Sexual Abuse Incident Review forms from 2018 + 2019 documenting the administrative review of completed PREA investigations. The CAJ-1025 forms were signed by the facility PC and DW. As required by the standard, a medical/mental health staff person participated in two of the sexual abuse incident reviews. The Warden, 3 Assistant Deputy Wardens (ADW), and a Deputy Warden (DW) also were members of the review team. The team reviewed all factors as required by the PREA standard. One of the three reviews conducted resulted in the upgrade of a camera, as noted by the DW.</p> <p>The warden advised auditor during interview that he sits as a member on the incident review team, along with the Deputy Wardens, Assistant Deputy Wardens and a mental health team member. If there are physical plant issues or blind spots identified I look at them myself. If inmate issues are identified we review alternatives. The facility PC advised auditor that the facility conducts incident review team meetings on substantiated and unsubstantiated sexual abuse investigations that are completed. We do not review unfounded investigative findings. I read the investigative report and facilitate the meeting for the committee. We would take immediate action on identified issues. We have housed prisoners separately in the past due to their issues.</p> <p>Three Incident Review Team (IRT) members were interviewed by the audit team during Site Review. The 3 personnel advised that the team could consist of the Warden, DW's, ADW's, PC, RUM, and Unit Chiefs of Health Care/Mental Health. Each allegation is assessed on its merits-we conduct unbiased reviews. There would be discussion of video coverage in the area of allegation, staff security rounds, staffing resources and motivations for the alleged abuse. We would watch the tapes available and noted in the investigation. Audio was added to one camera due to a prior incident review. Technology can protect both prisoners and staff. In some areas cameras would not be appropriate to deploy.</p> <p>Based upon auditor review of the agency PREA Manual, WHV OP 03.03.140 PREA, the PAQ, multiple IRT Meeting CAJ-1025s, and staff interviews, auditor has determined that the facility meets the requirements of the standard.</p>

115.87	Data collection
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1458 573">Auditor has reviewed the agency PREA Manual, Section 27, Data Collection, Review and Storage, page 33-34, which includes all requirements of the PREA standard. The MDOC PD 03.03.140 PREA, Section XX. page 9, requires facility Wardens to ensure that information on all allegations of prisoner-on-prisoner sexual abuse, staff sexual misconduct/sexual harassment and staff overfamiliarity are entered into the MDOC computerized database at their respective facilities and investigations.</p> <p data-bbox="252 629 1477 831">Auditor has reviewed the 2017 Survey of Sexual Victimization, US Department of Justice Form SSV-2, compiled and submitted by MDOC including aggregated data for all its facilities for calendar year 2017. Such data is required to be provided for the previous year no later than June 30. The MDOC Annual Report for 2017 was reviewed by auditor which includes aggregated data from all MDOC correctional facilities for calendar year 2017.</p> <p data-bbox="252 887 1461 999">Auditor reviewed the MDOC website at www.michigan.gov/corrections and confirmed the submission and posting of the USDOJ SSV-2 Forms (2013 thru 2017) and the Annual MDOC Statistics (2014 thru 2017).</p> <p data-bbox="252 1055 1477 1301">Based upon auditors review of agency policy, and PREA Manual, and review of available SSV-2 Forms and MDOC Annual Reports, it is determined that the facility meets the requirements of the standard. The MDOC has not received the SSV-2 form for completion from the USDOJ as of September, 2019. Based upon past regular submissions of the required data, auditor has determined that the agency and facility meet the requirements of the standard. The agency is expected to provide such data when requested by the federal agency.</p>

115.88	Data review for corrective action
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1407 403">Auditor has reviewed the agency PREA Manual, Section 27, Data Collection, Review and Storage, page 33-34, which includes all requirements of the PREA standard.</p> <p data-bbox="252 459 1481 705">The annual report is posted on the agency website, www.michigan.gov/corrections, annually and includes a comparison of the years data with prior years data and a comprehensive review of aggregated data and corrective actions taken in response to this data review. During evidence review and report compilation, the 2017 MDOC Annual Report was available and confirmed as posted on the agency website. The reports' contents evidence compliance with the PREA standard for calendar year 2017.</p> <p data-bbox="252 750 1487 1086">The Agency Head advised that within 30 days of each investigation (unless unfounded), meetings are conducted at the facility to review the incident to determine possible contributing factors to the incident. Incidents may be reviewed by Central Office administrators to address concerns, and the PREA Coordinator annually reviews data to look for patterns related to sexual abuse and sexual harassment in department facilities. The MDOC approves the Annual Report statistics based upon the Survey of Sexual Victimization data for the corresponding year. Information regarding improvements to processes/policy/physical plant are based on audits conducted and other actions taken during the year.</p> <p data-bbox="252 1131 1476 1467">The agency PREA Manager advised that the agency reviews data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The data is retained in the AIM system, and is confidential. The agency takes corrective action on an ongoing basis based on the data. The agency prepares an Annual Report of findings from its data review and any corrective actions taken. The Annual Report is posted on the MDOC website. There are no personally identifying information (PII) included in the annual report, or safety or security information. There is an asterisk on the report to indicate that additional information can be obtained if requested.</p> <p data-bbox="252 1512 1465 1736">The facility PREA Coordinator advised auditor that the facility is always reviewing practices to see what we can do better. So many of the complaints and allegations are in-cell for a variety of different reasons of the prisoner. We can't change this. Staff are doing quality rounds and rounding in the showers. We are checking the staff rounds being conducted to ensure staff are properly making their rounds.</p> <p data-bbox="252 1780 1471 2116">Based upon auditor review of agency PREA policy and website, the aggregated Annual Reports compiled and posted, and staff interviews, auditor has determined that the facility meets the requirements of the standard. The MDOC has not received the SSV-2 form for completion from the USDOJ as of September, 2019. Based upon past regular submissions of the required data to satisfy the SSV-2 form, and the MDOC Annual Report (aggregated data from all MDOC facilities), auditor has determined that the facility meet the requirements of the standard. The agency is expected to provide such aggregated data when requested by the federal agency.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor has reviewed the agency PREA Manual, Section 27, Data Collection, Review and Storage, page 33-34, which includes all requirements of the PREA standard, including the practice of not including personal identifiers and the requirement to maintain storage of sexual abuse data for at least 10 years.</p> <p>Auditor reviewed the MDOC website at www.michigan.gov/corrections and confirmed the submission and posting of the USDOJ SSV-2 Forms (2013 thru 2017) and the Annual MDOC Statistics (2014 thru 2017). The PREA webpage includes/links to PREA Definitions, Reporting Requirements, PREA Unit Information, the PREA Online Reporting Form, and all of the PREA Audits conducted of MDOC facilities during the period 2015-2019.</p> <p>The agency PREA Manager advised that the agency sexual abuse data is securely and confidentially retained in the AIM system.</p> <p>The WHV PC advised during interview that the facility is always reviewing allegations and incidents to see what we can do better. So many of the complaints and allegations are in-cell for a variety of different reasons of the prisoner. We can't change this. Staff are doing quality rounds and rounding in the showers. We are checking the staff rounds being conducted to ensure staff are properly making their rounds.</p> <p>Based upon auditors review, the facility is determined to meet the requirements of the standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The MDOC is in audit cycle 2, year 3 (August 20, 2018-August 19, 2019). The July, 2019 audit of WHV constituted the first PREA audit of that facility, being one of the final two MDOC facilities to be audited.</p> <p>Auditor and audit team members were properly accommodated by facility personnel during Site Review. All requests for documentation, access to facility areas, and coordination of inmate and staff interviews was properly facilitated by WHV PREA staff, the Warden and facility administration and designated personnel. Subsequent to Site Review, the MDOC Regional PREA Analyst and facility administration timely responded to auditor requests, and to cited deficiencies/recommendations with corrective action measures collaboratively developed and implemented.</p> <p>Auditor has confirmed that the Audit Notice was properly posted throughout the very large facility 6 weeks prior to the Site Review. Auditor received a total of 30 letters from WHV inmates prior to (28), and subsequent to (2), Site Review. During Site Review auditor interviewed 3 WHV inmates that mailed correspondence to auditor. Auditor selected 3 inmates that had submitted different subjects/issues, but were representative of the more common themes of the correspondence received.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Auditor has reviewed the MDOC website, at www.michigan.gov/corrections, and the PREA webpage which includes all facility PREA audits completed, by year and facility, beginning in 2015, and continuing through 2019. Auditor notes the MDOC PREA web page includes links for the public to access the MDOC Annual Statistics (2014 through 2017), the SSV-2 Forms (2013 through 2017) and all PREA Audit Reports of MDOC facilities conducted to-date.</p>

Appendix: Provision Findings

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

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

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

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

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

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes

	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

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

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).)	yes

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).)	no
	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).)	yes

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).)	yes
	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).)	yes
	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).)	yes

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

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes

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

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

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

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

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

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

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

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

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

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

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

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

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

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

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes

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

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

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes

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

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

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective 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, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	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? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	no

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? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

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

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

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

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

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

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

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

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

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na

115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	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

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes