

PREA Facility Audit Report: Final

Name of Facility: Woodland Center Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/11/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Valarie Carissa Kusiak	Date of Signature: 05/11/2018

AUDITOR INFORMATION	
Auditor name:	Kusiak, Valarie
Address:	
Email:	vkusiak@pa.gov
Telephone number:	
Start Date of On-Site Audit:	03/14/2018
End Date of On-Site Audit:	03/15/2018

FACILITY INFORMATION	
Facility name:	Woodland Center Correctional Facility
Facility physical address:	9036 E. M-36, Whitmore Lake, Michigan - 48189
Facility Phone	
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input checked="" type="radio"/> Prison <input type="radio"/> Jail

Primary Contact			
Name:	Jonathan Rhoades	Title:	Inspector
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Warden/Superintendent			
Name:	Jodi DeAngelo	Title:	Warden
Email Address:	deangeloj@michigan.gov	Telephone Number:	734-449-3900

Facility PREA Compliance Manager			
Name:	Jonathan Rhoades	Email Address:	rhoadesj@michigan.gov

Facility Health Service Administrator			
Name:	Mark King	Title:	HUM
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Facility Characteristics		
Designed facility capacity:	368	
Current population of facility:	335	
Age Range	Adults: 18+	Youthful Residents: 0
Facility security level/inmate custody levels:	1 & 4	
Number of staff currently employed at the facility who may have contact with inmates:	0	

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	Title:	Director
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.

A Prison Rape Elimination Act audit of the Woodland Center Correctional Facility, WCC 9036 E. M-36 Whitmore Lake, MI 48189, within the Michigan Department of Corrections (MDOC) was conducted from March 14, 2018 to March 15, 2018, pursuant to audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. This consortium conducts circular audits in which these states have agreed to conduct the required audits at no charge but rather in a round-robin format with one another. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. This is WCC first PREA audit. I, Valarie Kusiak a Department of Justice Certified Auditor, was assisted during this audit by Department of Justice Certified Auditor Grace Franks and PREA Administrative Officer Brenda Atkin.

This auditor sent Audit Notices to be posted throughout the institution on January 19, 2018 with a deadline to post no later than January 29, 2018. The auditor received one letter although the inmate was no longer housed at WCC during the on-site audit. This auditor noted that notices were posted at the entrance, throughout the facility, and in common areas during the on-site portion of the audit. On March 1, 2018 this auditor received one letter dated February 15, 2018. Although the inmate was no longer housed at WCC during the on-site audit these factors provide evidence that it was made available to the population. The auditor and WCC agreed upon utilizing the PREA Online Auditing System (OAS) developed by the PREA Resource Center (PRC) for the completion of their audit. Prior to the OAS being completed a flash drive was provided on February 15, 2018 that contained applicable policies, the Pre-Audit Questionnaire (PAQ), and sample documentation in support of compliance with the standards and their provisions. WCC provided this auditor with 10 complete investigations via email on February 21, 2018 to review prior to the on-site audit. This gave the auditor ample time to review before the on-site portion of the audit on March 14, 2018. On February 26, 2018 WCC provided this auditor the remaining information to complete the PAQ. This auditor requested additional documents, numbers, and clarification throughout this process. After the on-site portion of the audit, additional documentation was received which included requested documentation from the on-site audit and evidence of corrective actions taken.

The auditors arrived on-site at approximately 0800 hours on March 14, 2018. The auditors were greeted by Warden Jodi DeAngelo, PREA Coordinator Jonathan Rhoades, agency PREA Analyst Wendy Hart, several senior managers, and administrative staff within the facility. An entrance meeting took place shortly after arrival. Introductions were made and logistics for the audit were planned during this thirty minute meeting. This auditor was requested that a current provided an inmate roster and staff roster be provided the morning of the audit. , as of that morning, with specialized staff and inmates highlighted. The auditor spent twenty minutes identifying staff and inmates for both specialized and random interviews. The selection process for random inmates consisted of ensuring inmates were randomly

chosen from every housing unit, taking into consideration, age, race, and risk assessment score. WCC is a Mental Health Facility that is used to stabilize inmates with severe mental health concerns throughout the entire State. They also receive cancer patients but the main function is mental health stability. The staff receive specialized mental health training to include the officers. Inmates are sent back to the home facility once stabilized. This process could take a week or several months dependent upon the level of instability. The only permanent residents are level 1 inmates that are used to perform work functions and they are housed separately from the mental health inmates. On the initial day of the audit there were 335 inmates housed at WCC. Their average population within the previous 12 month period is 350 inmates. The facility has a maximum capacity of 368 inmates. Due to this being an acute mental health facility the auditor went over all the inmate names to ensure they were stable enough to participate and not jeopardize their treatment in any way. All selections were agreed upon. The specialized inmates were chosen at random ensuring to get inmates from different housing units. The random staff were chosen by shift too include an officer from every housing unit ensuring female representation and four additional staff for a total sample of 15 random staff interviews. The 19 specialized staff interviewed were: the Warden, PREA Coordinator, an intermediate staff member, two medical staff, two mental health staff, human resource staff, SANE nurse (via telephone), two volunteers, two contractors, investigative staff at facility and agency level, staff who perform screening for risk of victimization and abusiveness, staff on the incident review team, designated staff member charged with monitoring retaliation, first responders and intake staff. The interviews were conducted in a private room within the facilities Superintendents Complex. Interviews followed the format laid out by the PREA Resource Center's interview templates for both random and specialized category of staff and inmates. The on-site portion of the facility audit of the facility commenced immediately with auditors Valarie Kusiak and Grace Franks inspecting the facility together, while Brenda Atkin began conducting random staff and inmate interviews.

The auditor was unable to complete the following specialized interviews staff due to the matters not being applicable, line staff who supervise youthful inmates, education and program staff who work with youthful inmates; youthful inmates are not housed at the facility, Non- Medical Staff involved in cross gender searches; no such searches performed, the agency contract administrator; the agency does not contract for the confinement of its inmates, and staff who supervise inmates in segregated housing; the facility does not have segregated housing.

After the entrance meeting the auditor was given a tour of all areas of the facility that were operational and inmates and staff had access to. This included eleven housing units. It is noted that Woodland Center Correctional Facility houses the inpatient Mental Health and Crisis Stabilization Program so inmates are sent to Woodland from all over the state in order to become stable and sent back to their home institution. A 23 bed infirmary and clinic provides medical services for all prisoners being sent there from various institutions for specialized care too include dialysis. One housing unit houses Level 1 prisoners consisting of 128 beds. WCC does not have a Segregation Unit. There are four total buildings making up WCC. Outside buildings include; maintenance, food service (contract workers through Trinity)/warehouse, and Central Plant. Level 1 inmates have access to all areas under escort and escorts are never one-on-one. Everything else at WCC is contained within one building.

The site inspection included: education/programming, administrative, the chapel, library, control room, visitation areas, intake, medical (including exam rooms) recreation, and kitchen/dining hall area. This facility was previously a juvenile detention center and many parts of the building are no longer in use. These areas can only be accessed by the Captain and Maintenance Manager, neither have inmate crews. All buildings that are occupied or utilized by staff or inmates were inspected which are listed above.

During the inspection, informal interviews were conducted with multiple inmates and staff in each area inspected throughout the facility. These informal and spontaneous interviews proved useful in determining facility culture and were used to supplement the formal random interviews in determining compliance with the standards. The auditor sampled a eight random inmate files between the two Prison Counselors, which encompass the entire population, to verify inmate PREA education and PREA risk screening. While on the housing unit, staff who fulfilled the role of Prison Counselor, ARUS (Assistant Residential Unit Supervisor) or RUM (Residential Unit Manager) were asked to access the MDOC's computer database to show movement dates of the inmates that were then compared against educational records and risk screening dates as a means of verifying the practice of assessment and education and they were then compared to the files selected from the counselor's.

This auditor had the opportunity to review four employee files with the Human Resource Director (HR) which has files for all 308 personnel. Two new hires, one transfer, and one personnel file of an individual who was promoted with in the last year. Criminal background checks are completed, training was up to date and completed by the staff who files were reviewed. The auditor had the HR Director walk through the OA automated system to show where the new hires were asked if they had any substantiate sexual misconduct in the past. This process was also shown for the recent transfer and staff promoted. Locally only the HR staff can view the actual questionnaire and answers provided in regards to PREA. It was confirmed through the file review of random staff and random staff interviews that annual PREA training is completed. The specialized training needed by investigators was confirmed through two file reviews of the staff noted as being assigned to PREA investigations, this is completed prior to being assigned investigations. PREA is being considered for all employees whether newly hired, transferred, or promoted.

The auditor observed the facility's camera monitoring system within the Control Center to verify that cameras were positioned in such a way as to provide excellent coverage of the housing units, yet afforded privacy in bathroom/shower areas of the facility. The facility currently has a total of 296 cameras which were operational on the day of the audit. The auditor had the CCTV operator go through each and every camera. The current system was one that provided excellent coverage of all common areas of the facility and with the ability to digitally obscure the view of the toileting areas of observation cells to prevent opposite gender viewing. A privacy notice was posted in each of the housing units, reminding inmates of the potential for opposite gender staff to view them. Inmates are required to be fully dressed when walking to and from the shower areas of the facility to limit the potential for opposite gender viewing. On the inspection tour, the auditor took notice to the "Knock and Announce" notices posted at the entrance to each housing unit, reminding opposite gender staff of the obligation to knock and verbally announce their presence before entering the housing unit.

This auditor observed opposite gender announcements were consistently made. Following the knock and announce, opposite gender staff waited 10 seconds prior to entering the housing unit. On each housing unit, a memo was found to be posted on the bulletin boards notifying the inmates that the facility's PREA "An End to Silence" handbook was located in the Library. PREA posters with reporting information and the PREA audit notice were place in every housing unit and in common areas. The on-site tour did not reveal any areas to be a concern and it was obvious that the staff and administration put extensive thought and consideration into regarding the sexual safety of the population in the placement of the additional cameras. The inspection of the facility lasted the entire day and the auditors exited the facility after an exit briefing at 1800hrs on March 14, 2018..

The auditors arrived on-site at approximately 0500 hours on March 15, 2018 and were greeted by key facility administrative staff in preparation for the second day of the audit. Audit logistics were discussed and the auditor provided the facility with the names of the random staff and inmates selected that were remaining for interviews. The auditors were led to their respective offices after the entrance meeting and all three commenced with simultaneous interviews of third-shift staff. At the conclusion of these interviews, the auditors continued with the on-site tour of the out buildings of the institution while Ms. Atkin continued the staff and inmate interviewing process.

Overall, a total of 26 random inmates were selected with all of them agreeing to be interviewed. The following specialized targeted inmates were interviewed: inmate with a physical disability, inmate who is blind deaf, or hard of hearing, inmates who are limited English proficient (LEP), inmates with a cognitive disability, inmate who reported sexual abuse, and an inmates who reported sexual victimization during risk screening; for a total of 33 inmate interviews between random and targeted. TLGBTI (non-transgender), disabled (cognitive and hearing impaired), Limited English Proficient, an inmate who disclosed sexual victimization during risk screening, and an inmate who reported sexual abuse. The following targeted interviews were not conducted as they were not applicable this facility at the time of the on-site portion of the audit; youthful inmate, and an inmate in segregation, inmate who identifies as LGB, inmate who identifies as transgender or intersex.

The agency head's designee and agency PREA Administrator (PREA Coordinator) were interviewed in person during a previous audit as part of the Agency audit. A telephone interview was conducted with a representative who provides SAFE/SANE and forensic examination advocacy services to the facility through the University of Michigan.

Once the on-site inspection of the facility was complete the auditors reviewed nine facility investigations. Of the nine facility investigations, there were two Staff Sexual Harassment (1 Unfounded, 1 Unsubstantiated), four Prisoner/Prisoner Sexual Harassment (1 Unfounded, 2 Unsubstantiated, 1 substantiated); and three Staff Sexual Misconduct (2 Unfounded, 1 Unsubstantiated). A total of 10 investigations were selected and sent to the auditor for review during the pre-audit portion. The facility provided these investigations to the auditor via email prior to the physical audit. All 19 reviewed investigations were a thorough selection of different types of allegations to include how they were reported, the type of report, were the allegations against staff or inmate. A discussion took place between the auditor and key facility and agency staff on matters that were discovered during both the review of pre-audit documentation and issues raised on-site. The auditors conducted an exit briefing with facility staff and departed the facility at approximately 1500 hours on March 15, 2018. The auditor explained that documentation would need to be reviewed further and any additional requests for information would be coordinated through the agency PREA Administrator.

Throughout the pre-audit, on-site audit, and post audit, open and positive communication was established between the auditor, the agency, and facility staff. During this time, the auditor discussed all concerns with PREA Coordinator Jonathan Rhoades and PREA Analyst Wendy Hart, who filtered request to the appropriate staff. Through a coordinated effort by Mr. Rhoades, Ms. Hart, and key staff at the Woodland Center Correctional Facility all informational requests of the auditor were accommodated prior to the completion of this report.



AUDIT FINDINGS

Facility Characteristics:

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

The Woodland Center Correctional Facility (WCC) opened in 2009 and presently houses the Inpatient Mental Health and Crisis Stabilization Program for MDOC. Prior to WCC the facility originated as a Juvenile Detention Center. There have been several modifications and structural closures to accommodate the needs of WCC. The facility can house 368 inmates. There were 335 inmates on the first day of the audit. WCC employs 308 staff with 291 having contact with inmates. This auditor observed that the inmate population consisted predominately of Caucasian and African- American men. Other ethnic groups were not widely observed throughout the inspection of the facility. WCC maintains 4 buildings, including 11 housing units, one of which is for level 1 inmates. The facility has a total of 300 acres with several buildings non-operational. An infirmary and clinic provide medical services for all inmates being housed at WCC. A food serving area is located within the housing complex and the kitchen is located outside the secure perimeter.

The Crisis Stabilization Program (CSP) is for inmates experiencing a serious mental health crisis. The intention is to stabilize these inmates and provide ongoing inpatient mental health treatment. There are 3 levels of care within the inpatient setting which consist of CSP, Acute Care (AC), and Rehabilitative Treatment Services or RTS. Inmates move through this system as clinically indicated with the intention of them returning to lower levels of mental health care. WCC also has an infirmary with 23 beds that can provide health care at numerous levels depending on the acuity of the inmate up to and including inpatient dialysis. Approximately one hundred general population inmates also reside at the facility, working as porters, in food service, maintenance and as observer aides. WCC does not have a Segregated Housing Unit.

Programming:

Phase I Substance Abuse Education, Phase II Substance Abuse Outpatient, Violence Prevention Program, Moderate Blood Borne Pathogens Training, Prisoner Observation Aid training, Live In Aide training, Alcoholics Anonymous, Thinking For a Change, Cage Your Rage, ACT Work Keys, Psychoeducational Group, Self-Esteem Group, Basic Social Skills, Relaxation Therapy, Anger Management, Managing Negative Emotions, Symptom Management, Dual Diagnosis, ADL Training, Cognitive Skills Group, Coping Skills, Creative Arts, Creative Expression, Current Events, Developing Tolerance, Discharge Planning, EMU Theater, Feeding Group, Life Skills, Movie Discussion, Music Listening, Recreation Therapy, Self-Expression, Social Skills, Stress Management, Therapeutic Games, Therapeutic Reading, Understanding Mental Illness, Woodland Journal

Security:

The prison is surrounded by a 20-foot fence with anti-climb fabric and a special electronic detection system. Vehicles with armed personnel patrol the perimeter. The Level I housing unit has a fence equipped with stun capabilities.

There is a total of 291 staff at the facility who may have contact with inmates, providing adequate

supervision within the housing units. The command structure within the security ranks includes corrections officers, Sergeants, Lieutenants (shift supervisors), a Captain, an Inspector, Deputy Warden and Warden. The layout of the housing units permits the officer to have view of the unit from their designated work station, with supplemental rounds taking place throughout the unit with random roving movement.

This was WCC first PREA Audit. During the audit on-site inspection and through informal interviews with staff and inmates, the auditor was left with the general sense that staff and inmates felt safe at the facility.

AUDIT FINDINGS

Summary of Audit Findings:

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

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

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 2

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: N/A

Corrective Actions:

115.13 (a) The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

Corrective Action: During the on-site audit tour the facility has a sub-kitchen area where the meals are delivered and then provided to the population, this auditor noted one female contracted Trinity worker assigned alone with 10 inmate workers. There were areas that could not be seen on camera which drew PREA and security concerns. When the meal line is running there are several security staff assigned to the area witnessed by this auditor. It was recommended to have two Trinity workers assigned to the area for the reasons noted. The PREA Coordinator sent an email to this auditor on 3/26/2018 correcting this issue and ensuring compliance with the PREA standard as well as security concerns. The email has been uploaded into this standard and stated the following:

Trinity staff are not to be left alone in the sub-kitchen at any time with prisoners present i.e. one Trinity staff with prisoners. Trinity will make every effort to supply a second staff member during these times.

While chow lines are running Custody staff will be present and we can go back to one Trinity staff. Once chow lines are down Custody will no longer be available and Trinity will need to supply a second staff. When Trinity is unable to supply a second staff member shift command will be notified and shift command will assign staff to conduct staggered and irregular rounds in the sub-kitchen. WCC is compliant with this standard.

115.41 (f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

During the inspection, several inmate files were randomly sampled on the housing units with both of the facilities ARUS, Counselors that conduct the 30 day assessment. During this sampling, staff at the facility were asked to pull up computerized movement records of the selected files to verify that reassessment of risk was taking place within 30 days. All files were found to be compliant. The facility is technically completing a reassessment within 30 days consistent with this provision of the standard. However, during this review and asking the ARUS questions it was discovered that the 30 day assessments were not occurring face-to-face with the inmate. They were merely based off the ARUS's review of documents and within the computer system. I then interviewed the other ARUS to find that they were indeed meeting face-to-face for the 30 day assessment.

This auditor wanted both ARUS's retrained on proper reassessment guidelines. I received confirmation via email from the PREA Coordinator on March 28, 2018 that the training had been conducted. The email and training roster were uploaded within this provision. This auditor is satisfied with the corrective action and finds the facility compliant with this provision of the standard.

115.41 (i) The agency shall implement 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.

According to the standard, the agency shall implement 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. This auditor questioned the language in the PREA Risk Assessment Manual dated 2015 and CAJ 1023, PREA Risk Assessment, worksheet directing staff to place a copy of the assessment in the inmates file as well as send and maintain a copy in the inmates Official Records file. With an automated system, there is no need to maintain these worksheets which jeopardize the control of the sensitive information. The PREA Analyst sent me an updated draft of the PREA Risk Assessment Manual that is awaiting approval for distribution which takes this language out. The PREA Analyst also stated that the facilities were given direction to remove all paper assessments from the files. During the on-site portion of the audit this auditor pulled multiple inmate files to find that the Risk Assessment worksheets were still in the files. None of the worksheets were completed by WCC and the staff were on point to not place them in the files or distribute. If they needed to utilize the worksheets they would shred immediately after inputting in the automated system.

Corrective Action: This auditor spoke with the PREA Administrator and PREA Analyst to send a memo to all facilities to review each file on their caseload during their annual review and remove all Risk Assessment worksheets. With this direction, all institutions should be compliant with this standard as of April 2019. Attached is direction from the PREA Coordinator providing direction to WCC staff dated April

16, 2018. Due to the memo being sent, the email attached, the anticipation of the updated PREA Risk Assessment Manual being distributed, and the fact that WCC itself was not placing the assessments in the files this auditor is comfortable with the determination that WCC is compliant with this provision.

WCC email dated April 16, 2018: When the PREA risk assessment process was developed, staff were instructed to place the risk assessment worksheet (CAJ-1023) in the prisoner files. Since that time, it was determined that use of the worksheets may continue for the assessments, but the form should no longer be placed in the prisoner files. In addition to the initial assessments, an annual risk assessment review was required by policy, effective April of 2017. As part of each prisoner's annual risk assessment review, please ensure that all previously-filed CAJ-1023 forms are removed and appropriately destroyed. During your initial file review for new transfers you should also ensure these forms are removed if in the file...Per WCC PREA Administrator (PREA Coordinator).

Recommended Best Practice:

115.13 (c) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

Recommended Best Practice: The staffing plan exists and contained all required categories, however, it needs to include more detailed discussion for each category. The discussion supplied on the form have been the same for multiple years. The form also need to include signatures of the staff participating in the review as well as the PREA Administrator to ensure authenticity and merits of discussion. This auditor finds the facility compliant with this provision because they have policy in place and have documentation to support the requirements of the provision however need to enhance the discussion and verification of future reviews. This was discussed with the Warden and PREA Coordinator with no objection to ensuring this is done in the future. This auditor finds this provision compliant with the standard as the staffing plan met the minimum standard requirements.

115.15 (d) The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Recommendation for Best Practice: It's evident that WCC has gone to great lengths to place privacy markings (blurred) over the toilet area on every camera within an observation cell (OB). This privacy marking meets the language of this standard that inmates can perform bodily functions without being viewed by the opposite gender. The inmates do not have clothing to change into or showers within the cell also meeting the standard language. However, due to the mental health status of the inmates placed in the OB they cannot be expected to remain clothed at all times other than when utilizing the toilet. This will allow viewing at the CCTV camera area which is not a gender specific post. This auditor made a recommendation to the Warden and PREA Coordinator that a closed-feed circuit to a camera monitor

within the Control Bubble on the Unit would eliminate this issue if labeled as a gender specific post. This would also allow the prime bid of CCTV to remain non-gender specific. The facility meets the language of the standard but this recommendation would ensure the intent of the standard was also met.

115.86 (d) The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Recommendation for Best Practice: that the responses to the six factors be more detailed on the report to include committee discussions. While the auditor was unable to find evidence of action taken as a result of these incident reviews, the Warden stated that any recommendation would be considered for implementation should an identified training need or security need be raised by applicable disciplines within the review process. Based on interviews and policy, this auditor determines compliance with this provision of the standard.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). The PREA Manual in conjunction with the Michigan Department of Corrections (MDOC) policy 03.03.140 'Prohibited Sexual Conduct Involving Prisoners', and Woodlands local operating procedures OP 03.030140 outline both the agency's Zero-Tolerance policy and the facility's approach to implementing the Zero-Tolerance policy to include all forms of sexual abuse and sexual harassment. The auditor reviewed all of these documents and find they sufficiently meet the standard for outlining how the facility will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The documents thoroughly describe key definitions, education, training, discipline, prevention, detection, and strategies for the reduction/prevention of sexual abuse and sexual harassment of inmates. There were a few recommendations for best practice made by this auditor regarding the PREA Manual that will be discussed in the corresponding provision review. The PREA manual was revised on April 24, 2017 and supersedes all previously issued policies in regards to conflicting information. This will be the case until all policies have been updated to coincide with the PREA manual issued on April 24, 2017.</p> <p>(b). Due to Civil Service regulations, the MDOC utilizes different titles: The agency-wide PREA Coordinator as defined by the PREA Standards is titled, PREA Administrator. The facility PREA Compliance Manager as defined by the PREA Standards is titled, the facility PREA Coordinator. They also have a level between the two titled as PREA Analyst which oversee the facilities within their assigned region. The agency-wide PREA Manager and Regional PREA Analyst were both on-site throughout the duration of the audit.</p> <p>Michigan Department of Corrections (MDOC) employs an agency-wide PREA Administrator (Manager) as their PREA Coordinator. The PREA Administrator falls within the upper-level hierarchy of the agency working directly from Central Office. In terms of hierarchy, the PREA Administrator reports to the State Office Administrator, which reports to the Senior Deputy Director, then finally the Director of the entire Michigan Department of Corrections. This position has sufficient authority to develop, implement, and oversee the agencies efforts to comply with the PREA standards at all of its facilities. The PREA Administrator has three PREA Analysts assigned to him from each region. The Southern Region Analyst is assigned oversight for the Woodland Correctional Center. Through an interview the PREA Administrator, he states that he indeed has sufficient time to complete his responsibilities as well as the authority to implement any necessary changes.</p> <p>(c). Each facility has a designated regional PREA Analyst and facility PREA Coordinator (PREA Compliance Manager) assigned to oversee, implement and train staff regarding PREA compliance. The PREA Coordinator (Compliance Manager) at WCC is also the Inspector. During his interview, he states that he has sufficient time to complete his responsibilities as an Inspector and PREA Coordinator.</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The MDOC does not contract with any other entity for inmate confinement. The responses provided by WCC were in error and should have been marked as "No" instead of yes.</p> <p>(a). 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.): N/A</p> <p>(b). Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".): N/A</p> <p>Despite not contracting with any other entities for the confinement of inmates, MDOC has provided a Request for Proposal (RFP) for Reentry services to ensure that the contract language would include PREA Standard requirements for compliance. No contracts exist as of the date of this audit.</p>

115.13	Supervision and monitoring
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>(a). The PREA Manual specifies the eleven factors enumerated within provision of this standard are taken into account when developing the staffing plan for MDOC prisons. The facility staffing plan, dated 04/10/2017 verifies that all eleven factors within this provision of this standard were used to formulate the facility staffing plan.</p> <p>Interviews with the Warden and PREA Coordinator indicate that no recent modifications were made to the staffing plan regarding the allotted staff complement. The facility currently has 296 operation cameras which are a mixture of PTZ and stationary cameras. The agency has been implementing a camera plan upgrade for every facility to include WCC, which is slated to occur next year. WCC has extraordinary camera coverage in all areas viewed by this auditor. A review of the facility’s staffing plan and an agency-level interview with the PREA Administrator revealed that, although the agency no longer participates in audits by the American Correctional Association (ACA), its staffing levels are predicated on these standards and are audited by the State’s Auditor General. According to the WCC 2017 Staffing Plan and the PAQ, the operational staffing plan for the 368 bed facility was predicated on an average daily population of 350 inmates.</p> <p>(b). The PREA Manual indicates “In circumstances where the staffing plan is not complied with, the facility shall document (on the daily Shift Roster) and justify all deviations from the plan.” The PREA Coordinator and Warden interviews both reported that all posts are filled either through voluntary overtime or mandated overtime. WCC does not and has not deviated from the staffing plan within the previous 12 month period, plan due to the nature of their facility, this demonstrates compliance with this provision of this standard.</p> <p>(c). The PREA Manual states that the Warden and PREA Coordinator are involved in at least annual reviews of the facility staffing plan. This plan is subsequently forwarded to the agency PREA Administrator for review. The Warden and PREA Coordinator report being involved in the staffing plan for the facility and the review of agency policy dictates that it is reviewed annually. Multiple examples of annual staffing plan review were supplied for each year tooto include the 2017 Staffing Plan, form CAJ-1027. Recommendation for Best Practice: The staffing plan needs to include more detailed discussion for each category. The discussion supplied on the form have been the same for multiple years. The form also need to include signatures of the staff participating in the review as well as the PREA Administrator to ensure authenticity and merits of discussion. This auditor finds the facility compliant with this provision because they have policy in place and have documentation to support the requirements of the provision however need to enhance the discussion and verification of future reviews. This was discussed with the Warden and PREA Coordinator with no objection to ensuring this is done in the future. This auditor finds this provision compliant with the standard.</p> <p>(d). PD 04.04.100 Custody, Security and Safety Systems, the PREA Manual, and OP 04.04.100-A establish policy for unannounced supervisory rounds. Facility supervisory staff document unannounced rounds in the unit log book in green ink. Pre-audit, the facility provided sample log-book entries and Round Reader Reports to demonstrate unannounced</p>	

supervisory rounds taking place within the facility during all three shifts; 0600-1400, 1400-2200, and 2200-0600. During the onsite portion of the audit, this auditor observed consistent log book entries on the housing units to demonstrate compliance with this provision of this standard with sufficient rounds in each unit to cover each shift.

Through interviews with the PREA Coordinator and review of log book activity: facility Lieutenants complete rounds on a daily basis on all shifts. Shift Commanders and the Deputy Warden completes weekly rounds within the housing units, with those rounds covering all three shifts on a monthly basis. The facility PREA Coordinator was interviewed regarding unannounced rounds stating; radio traffic is prohibited, to ensure rounds are not announced. Rounds are documented in the unit log books in green ink and facility administrators are assigned a round reader to electronically scan and log their presence within the area being toured. During the on-site portion of the audit tour, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of Lieutenants and at least weekly presence of Captain, Deputy Warden, and other key administrative staff on the housing units. The Warden and PREA Coordinator are able to print out tour reports to demonstrate that tours are being completed and on all shifts. This auditor reviewed multiple staff Round Reader Reports. Informal interviews with line staff report that the Administrative staff are visible and that they are not notified of when they will be touring. A review of agency policy, interviews with the facility administration, informal interviews with line staff and a review of log book entries allowed this auditor to find compliance with this provision.

Corrective Action: During the on-site audit tour the facility has a sub-kitchen area where the meals are delivered and then provided to the population, this auditor noted one female contracted Trinity worker assigned alone with 10 inmate workers. There were areas that could not be seen on camera which drew PREA and security concerns. When the meal line is running there are several security staff assigned to the area witnessed by this auditor. It was suggested to have two Trinity workers assigned to the area for the reasons noted. The PREA Coordinator sent an email to this auditor on 3/26/2018 correcting this issue and ensuring compliance with the PREA standard as well as security concerns. The email has been attached above by this auditor. WCC is compliant with this provision.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). Agency policy 05.01.140, Prisoner Placement and Transfer, outlines that agency's approach to housing youthful inmates and were reviewed in determining compliance; "the youthful prisoner shall be housed with as much sight, sound and physical contact separation from adult prisoners as possible in accordance with the Prison Rape Elimination Act (PREA) Manual.</p> <p>(b)-(c). Agency policy dictates that male youthful inmates are housed at the Thumb Correctional Facility (TCF) and female youthful inmates are housed at Women's Huron Valley Correctional Facility (WHV). If a youthful inmate must be placed at another facility for the purposes of medical or mental health care, the placement must be approved by an agency Deputy Director and accommodations for sight, sound and physical contact separation must be made.</p> <p>During the onsite-portion of the audit tour and through interviews with the Warden and PREA Coordinator, it was observed that the Woodland Correctional Center does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) Policy 4.1.140 Search and Arrest in Correctional Facilities and the PREA Manual establish procedures to limit cross gender viewing and were reviewed in determining compliance with this provision of the standard. On the PAQ, the facility stated no cross-gender strip searches or visual body cavity searches were conducted during this audit period. Informal interviews with line staff also reported that these types of searches were not being performed to their knowledge.</p> <p>Policy 4.1.110 permits a supervisor of the opposite gender to be present during a strip search if a supervisor of the searched inmate's gender is not available. Privacy screens or other similar devices are used to obstruct viewing of an inmate's breast, buttocks or genitalia in cases where supervisors of the opposite gender are present with the inmate being strip searched. This auditor viewed and was satisfied with the privacy screens in place. During the site review with the Facility Manager, and agency PREA Analyst confirms that privacy screens are used when an opposite gender supervisor must be present during a strip search. The facility PREA Coordinator confirms that no cross-gender strip searches or visual body cavity searches were conducted to demonstrate compliance with this provision of the standard.</p> <p>(b). PREA standard 115.15 requires that As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. WCC does not house female inmates.</p> <p>Through the PAQ, a review of agency policy 05.01.140, Prisoner Placement and Transfer, the PREA Manual, the facility site review and interviews with the PREA Administrator, PREA Coordinator and Warden, the auditor observed that the facility does not house female inmates. Therefore, the facility demonstrates that it does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.</p> <p>(c). The facility PREA Coordinator confirmed there were no reported cross gender strip or visual body searches conducted by the facility. WCC does not house females therefore cross-gender pat-searches is non-applicable. Random staff interviews confirmed that line staff receive regular training on search procedures. A random interview with a female staff member reported that, as a female staff member, she is quite knowledgeable that she is not permitted to conduct strip searches at the facility. The auditor notes that the facility does not house female inmates, allowing this auditor to determine compliance with this provision of the standard.</p> <p>(d). Agency policy PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, the PREA Manual, Privacy Notice signs, Knock and Announce signs and photographs of toileting/showering facilities were reviewed during the pre-audit period. During the audit inspection, this auditor observed that the facility has numerous Privacy Notice signs and Knock</p>

and Announce signs displayed at entrances to the housing units and in the bathroom areas of the housing units. Opposite gender staff announcements were made on all housing unit tours and staff waited several seconds after making the announcement prior to entering the unit to afford time to ensure privacy. Privacy screens were appropriately placed and all restrooms were inspected by this auditor to ensure privacy.

Informal interviews with inmates during the tour inspection stated that female staff consistently announce their presence when entering the housing unit. The practice of opposite gender announcements was routinely observed during the audit tour inspection and more than sufficient signage was observed throughout the facility to advise inmates of their privacy expectations. Informal interviews with line staff during the audit inspection led this auditor to determine that opposite gender announcements were being made and that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender, consistent with this provision of the standard.

Auditor Recommendation for Best Practice: It's evident that WCC has gone to great lengths to place privacy markings (blurred) over the toilet area on every camera within an observation cell (OB). This privacy marking meets the language of this standard that inmates can perform bodily functions without being viewed by the opposite gender. The inmates do not have clothing to change into or showers within the cell also meeting the standard language. However, due to the mental health status of the inmates placed in the OB they cannot be expected to remain clothed at all times other than when utilizing the toilet. This will allow viewing at the CCTV camera area which is not a gender specific post. This auditor made a recommendation to the Warden and PREA Coordinator that a closed-feed circuit to a camera monitor within the Control Bubble on the Unit would eliminate this issue if labeled as a gender specific post. This would also allow the prime bid of CCTV to remain non-gender specific. The facility meets the language of the standard but this recommendation would ensure the intent of the standard was also met.

(e). The PREA Manual and PD 04.06.184 Gender Identity Disorder (GID)/Gender Dysphoria establish policy prohibitions against searching transgender inmates for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with this provision of this standard. Random and informal interviews during the audit inspection lead this auditor to the conclusion that staff are aware of the prohibition against searching transgender or intersex inmates for the sole purpose of determining genital status. There was no identified transgender or intersex inmates housed at the facility during the audit; however, based on adequate policy and staff responses this auditor finds compliance with this provision of the standard.

(f). Training Module: Custody and Security in Corrections Searches: is comprised of Search Procedures for GID and Transgender Prisoners. This training curriculum for the WCC was reviewed in determining compliance with this provision of the standard. Staff were able to demonstrate proper cross-gender search techniques during random interviews and all staff were able to demonstrate the "praying hands" technique for searching the breast area of a female, or transgender, or intersex inmate. The facility reported that 100% of security staff have been provided training to conduct professional cross-gender, and transgender, and intersex pat searches. The facility provided adequate documentation, in the form of pre-audit sample training records and an on-site training records review relative to transgender/intersex

searches. A review of the training materials, random interviews with staff, and a review of staff training records demonstrates compliance with this provision of this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). The PREA Manual and all training materials were reviewed by this auditor to determine compliance. The agency PREA Manual requires that the Department provide prisoner education in formats understandable by the entire prisoner population. Policy 03.03.140 specifies that the agency will contract with any interpreters as necessary to reach disabled or limited English proficiency inmates. An auditor utilized the telephone translation service services during an interview with a LEP inmate to confirm the service exists and to verify its functionality.</p> <p>(b). This auditor observed, through a review of agency educational materials, that the agency makes significant efforts to reach limited English proficient inmates and those who may be deaf by captioning the PREA video 'Taking Action' in English and Spanish. The agency also produces a PREA specific brochure in Spanish, as well as publishing its Prisoner Guidebooks in Spanish. A braille version of the PREA pamphlet was created for blind inmates and a sign language interpreting service is available with contracts with multiple ALS providers. Documentation of staff training on PREA compliant practices for Limited English Proficient and Disabled inmates is part of the web-based Training. The agency contracts for ALS, Language Services for multirole languages, and Interpretation service to ensure that all inmates have equal opportunity to report and receive education regarding PREA Standards.</p> <p>Posters displaying PREA reporting information were observed to be posted in each housing unit in English and Spanish. The facility provides its prisoner guidebook in both English and Spanish. The agency publishes a Spanish version of its PREA brochure. An auditor utilized the telephone translation service services during an interview with a LEP inmate to confirm the service exists and to verify its functionality.</p> <p>(c). Agency policy 03.03.140 and PREA Manual prohibits the use of inmate interpreters and were reviewed in in conjunction with staff interviews to determine compliance with this provision. During random interviews with custody staff and informal interviews with line staff during the audit inspection, staff understood that the use of an inmate interpreter for complaints of sexual abuse was only acceptable under the circumstances where a delay could compromise an effective response.</p>

115.17	Hiring and promotion decisions
	<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 488">(a). 02.06.111 Employment Screening and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with this provision. The employment screening policy and PREA Manual clearly prohibit hiring and promoting staff who have engaged in all of the elements denoted within this provision.</p> <p data-bbox="252 539 1485 1084">Corrections Officer job postings, application questions and a promotional applications were reviewed and provided as proof to demonstrate the agency and facility considers these factors for hiring and promotional decisions. The facility is not responsible for conducting background checks of correctional officer staff, which are hired by the agency. These background screenings are conducted by the agency Central Office. The facility is, however, responsible for directly hiring non-correctional officer personnel. The facility conducts checks on those staff directly hired and those staff transferring into the facility. Through an interview with the Human Resource director, criminal background checks are run locally at the facility by staff in the Inspector and the Records department. Human resource staff are required to review the criminal background, LEIN Check, verification form within files prior to issuing staff their identification to enter the facility. A review of facility hiring records, agency application materials, and an interview with the Human Resource Director confirm that WCC is compliant with this provision.</p> <p data-bbox="252 1137 1461 1429">(b). Policy 02.06.111 and applications for employment and transfers were reviewed in determining compliance with this provision. Adequate screening for incidents of sexual harassment are present within the materials. Sample applications for a new hire and promotion were reviewed. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process. The HR Director explained in an interview that any candidate with a history of engaging in sexual harassment would not be hired or promoted.</p> <p data-bbox="252 1482 1474 1989">A review of policy and the interview with Human Resource Director confirms that the facility is not responsible for conducting background checks of custody staff. This function is completed at the agency level by Central Office staff. However, every applicant to the Michigan Department of Corrections must complete an electronic application process where sexual harassment screening takes place. The HR staff at the facility monitor responses in those application materials to consider the sexual harassment history of candidates for hire and promotion. Sample applications for a new hire and promotion were reviewed. The Human Resource Director and this auditor walked through the process for a new hire and transfer too include the Office of Administration (OA) screen to review that the required PREA questions were considered and that the local HR department knew how to access those results. Both employment application materials demonstrate consideration of incidents of sexual harassment in the hiring process to find compliance with this provision.</p> <p data-bbox="252 2042 1449 2157">(c). 02.06.111 Employment Screening and the PREA Manual establish procedures for hiring and were reviewed in determining compliance with this provision. A review of policy and the interview with HR Director confirms that the facility is not responsible for conducting</p>

background checks of custody staff. This function is completed at the agency level by Central Office staff. During an interview with Human Resource Director, this auditor was informed that the facility is responsible for direct hiring and background checks for non-corrections officer positions, promotions and transfers into the facility. The facility provided background check documentation several employees within the PAQ and additional samples onsite to demonstrate compliance with this provision.

(d). Agency policy 02.06.111 and the PREA Manual were reviewed in determining compliance with this provision. The facility provided adequate PAQ sample documentation of background checks (LEIN) for contractors as proof of this provision of the standard. An interview with HR director revealed that background checks for contractors are conducted by the Inspector and Records at the facility. Five additional background checks (LEIN) for contractors were requested and reviewed and during the on-site portion of the audit in support of finding compliance for this provision.

(e). According to policy 02.06.111 Employment Screening, the PREA Manual and staff interviews, LEIN checks are completed by the Records Supervisor during designated years for agency employees. The facility's formal documentation of its five year background checks demonstrates these screenings were conducted over a period of several months. This auditor did review LEIN logs relative to contractors and volunteers for other background screening provisions under this standard and did notice that contract employees are required to have an annual LEIN clearance completed, as each one has an expiration date of one year from the prior screening. While onsite, the facility provided documentation of its annual Domestic Violence and felony LEIN check procedures for staff at the facility as further proof of compliance with this provision.

(f). The facility provided and the auditor reviewed sample applications for hires of new corrections officers and a promotional application to demonstrate that the agency requires all applicants to provide information regarding the misconduct described in provision (a) of the standard when applying for employment or promotion. In addition to application materials, the employee work rules specified in the employee handbook that this auditor reviewed, requires that employees have an ongoing obligation to disclose any sexual misconduct.

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

(h). 02.06.111 Employment Screening, 02.01.140 Human Resource Files, and the PREA Manual establish procedures for this provision of the standard and were reviewed by this auditor. Examples were provided of the facility responding to an outside agency request for such information on a former employee that were reviewed by this auditor to establish compliance with this provision. This auditor was satisfied that sufficient procedures are in place to ensure information on substantiated allegations of sexual abuse or sexual harassment are provided to requesting agencies regarding former MDOC employees.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Despite checking NO and it should be YES. The example provided of the modifications to the Intake Area clearly state PREA was considered prior to construction.</p> <p>(b). During interviews conducted with Administration and the PREA Coordinator it was noted that the maintenance manager, PREA Coordinator, and Deputy Warden discuss any modifications prior to implementation to ensure that PREA factors are considered. This plan is also sent to the PREA Administrator. During Incident Reviews the committee discusses any need for additional modifications to areas that may have a high propensity for PREA allegations and these recommendations would also be sent to the PREA Administrator. MDOC requires form CAH-135 Project Review and Approval to be utilized for all facility projects. The entire MDOC has been upgrading their camera systems at every facility since 2015. WCC upgrade is not totally complete but they have upgraded the majority of cameras to digital if they did not exist already. All cameras have a retention schedule of 30 days. This auditor reviewed every camera within the CCTV area of the Control Center. Two of the cameras were not functioning properly, they would not pan. However, I was instantly provided an existing work order for the repairs to be made. Even without proper functionality the area had adequate coverage from the positioning of the other cameras in the area. The auditor found no areas of concern during the facility site review. The placement of the additional cameras in accordance with the MDOC statewide upgrade will enhance the sexual safety of inmates and staff even further by eliminating possible blind spots and supportive evidence for the completion of investigations.. The strategic deployment of video monitoring technology and round reading technology demonstrates the agency and facility dedication to compliance with this provision.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). MDOC curriculum is Crime Scene Management and Preservation. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials. An interview with WCC Investigators and medical staff indicated that their investigation was limited to Administrative investigations. Michigan State Police (MSP) will conduct any criminal investigation if criminal findings are discovered. The MDOC Inspectors/ PREA Coordinators are trained using curriculum Crime Scene Management and Preservation as well. MSP will dispatch detectives who will conduct any criminal investigation if warranted. During random staff interviews and informal interviews during the audit site review, it was apparent to this auditor that security staff are aware of their responsibility to secure any potential crime scene and their duty to ensure those involved do not take actions that could destroy evidence. Basic Investigator training and Crime Scene Management and Preservation training materials cover the necessary technical detail to aid first responders in preserving available evidence to demonstrate compliance with this provision of this standard.</p> <p>(b). Uniform evidence is covered in the Crime Scene Management and Preservation and Basic Investigator Trainings. The training materials cover the necessary technical details to aid first responders in preserving available evidence. Both training manuals were reviewed by this auditor in determining compliance with this provision.</p> <p>(c). MDOC PREA Manual and Policy Directive 03.04.100 Health Services both call for Forensic Examinations to be conduct by SAFE/SANE nurse examiners if abuse occurred in 96 hours or less, or where forensic evidence may be present. If SAFE/SANE nurse examiner is not available, the examination can be performed by another qualified medical practitioner and documentation will be maintained of the Departments efforts to secure a SAFE/SANE examination. The manual and policy both require that the exam shall be without financial cost to the prisoner. There were no reports of an inmate being sent for a forensic examination within the past 12 months which was cross-referenced with the investigative files for sexual abuse. There were no allegations made that would fall within the 96 hour window. This auditor contacted and interviewed Ms. Scheiman, SANE Nurse from the University of Michigan Hospital. She noted that there is always a SANE/SAFE trained nurse available either on-site or on-call. WCC also has St. Joseph Mercy Hospital available for forensic examinations if needed.</p> <p>(d). A memo dated November 28, 2016 addressed to all Wardens, directing that administrators reach out to Local Rape Crisis Centers for support. Additionally, requiring select staff to complete the Office of Victims of Crime, Training and Technical Assistance Center Core Competencies and Skills Courses and Incarcerated Victims of Sexual Violence training. WCC has sixty-two (62) staff members trained as qualified victim advocates.</p> <p>(e). MDOC PREA manual provides that as requested by the victims a qualified medical or mental health staff member can accompany and support the victim through the forensic medical exam and investigatory interviews when a Rape-Crisis/Community-based advocate is not available.</p>

(f). Michigan State Police letter dated September 30, 2015 acknowledging compliance with section (a)-(e) of this section.

(g). Auditor is not required to audit this provision.

(h). For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education and specialized training concerning sexual assault and forensic examination issues in general.

The facility attempts to make a rape crisis advocate available; however, has yet to enter into a formal agreement. This auditor called the University of Michigan Hospital and confirmed with the SANE Nurse that the hospital may receive inmates from the WCC for the purposes of conducting forensic examinations and the hospital provides an on-call community advocate during said examinations. The advocate will make applicable referrals for follow-up care. In the event, such services are unavailable, the facility uses qualified mental health staff. During the onsite portion of the audit, the Regional PREA Analyst for the facility and mental health staff confirmed that the agency has trained and continues to train facility staff to serve as qualified staff members for the purpose of affording advocacy services. Training rosters and materials were provided and reviewed to the auditor's satisfaction. Completion of the training delivers an awareness of the specialized knowledge required to provide support to a victim of sexual abuse consistent with the provision of this standard. The facility demonstrates compliance with this standard.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 658">(a). MDOC Policy Directive 01.01.140 Internal Affairs- directs that all allegations of abuse and harassment be referred to the Internal Affairs Division Manager to be assigned for investigation. Additionally, an Internal Affairs Manager shall also coordinate the investigation of all cases under the jurisdiction of Internal Affairs Division which are referred to the Michigan State Police or local law enforcement agency for criminal investigation. MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the MSP or other appropriate law enforcement agencies for investigation.</p> <p data-bbox="252 712 1481 1043">MDOC PREA Manual states that; "All prisoner-on-prisoner sexual abuse, staff-on-prisoner sexual misconduct and staff-on-prisoner sexual harassment allegations shall be investigated." Review of the PAQ reports 38 allegations of Sexual Abuse and Sexual Harassment during the past 12 months, 5 of which were referred for criminal investigation. All administrative and/or criminal investigations were completed. An interview with the Warden and PREA Coordinator confirms that all allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and said interviews confirm that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities.</p> <p data-bbox="252 1097 1481 1216">(b). MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation.</p> <p data-bbox="252 1270 1469 1473">MDOC PREA Manual states that; "staff shall ensure all allegations are referred to the appropriate law enforcement agency for criminal investigation in conjunction with the Department's administrative investigation. Referrals to law enforcement shall be documented. It also states; "the Department shall ensure that all Sufficient Evidence/Substantiated investigations that appear to be criminal are referred for prosecution."</p> <p data-bbox="252 1527 1437 1646">PREA Policy and Directives are published at http://www.michigan.gov/corrections/0,4551,7-119-1409--, 00.html under hyperlink Policy Directives http://www.michigan.gov/corrections/0,1607,7-119- 1441_44369---, 00.html</p> <p data-bbox="252 1700 1414 1818">(c). PREA Policy and Directives are published at http://www.michigan.gov/corrections/0,4551,7-119-1409--, 00.html under hyperlink Policy Directives http://www.michigan.gov/corrections/0,1607,7-119- 1441_44369---, 00.html</p> <p data-bbox="252 1872 1465 1944">03.03.140 Prohibited Sexual Conduct Involving Prisoner is published and outlines MDOC and Law Enforcement requirements.</p> <p data-bbox="252 1998 1305 2069">01.01.140 Internal Affairs is published and outlines MDOC and Law Enforcement requirements.</p> <p data-bbox="252 2123 1385 2157">Michigan State Police letter dated September 30, 2015 acknowledging compliance with</p>

section (a-e) of 115.21.

Michigan State Police letter dated September 30, 2015 acknowledging sections (a-f) of 115.21 that apply to their agency.

(d). Refer to the letter from the Michigan State Police in section (c).

(e). This auditor is not required to audit this provision.

(a). MDOC Policy Directive 01.01.140 Internal Affairs- directs that all allegations of abuse and harassment be referred to the Internal Affairs Division Manager to be assigned for investigation. Additionally, an Internal Affairs Manager shall also coordinate the investigation of all cases under the jurisdiction of Internal Affairs Division which are referred to the Michigan State Police or local law enforcement agency for criminal investigation. MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the MSP or other appropriate law enforcement agencies for investigation.

MDOC PREA Manual states that; "All prisoner-on-prisoner sexual abuse, staff-on-prisoner sexual misconduct and staff-on-prisoner sexual harassment allegations shall be investigated." Review of the PAQ reports 38 allegations of Sexual Abuse and Sexual Harassment during the past 12 months, 5 of which were referred for criminal investigation. All administrative and/or criminal investigations were completed. An interview with the Warden and PREA Coordinator confirms that all allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and said interviews confirm that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities.

(b). MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation.

MDOC PREA Manual states that; "staff shall ensure all allegations are referred to the appropriate law enforcement agency for criminal investigation in conjunction with the Department's administrative investigation. Referrals to law enforcement shall be documented " It also states; "the Department shall ensure that all Sufficient Evidence/Substantiated investigations that appear to be criminal are referred for prosecution."

PREA Policy and Directives are published at [http://www.michigan.gov/corrections/0,4551,7-119-1409--, 00.html](http://www.michigan.gov/corrections/0,4551,7-119-1409--,00.html) under hyperlink Policy Directives [http://www.michigan.gov/corrections/0,1607,7-119- 1441_44369---, 00.html](http://www.michigan.gov/corrections/0,1607,7-119-1441_44369---,00.html)

(c). PREA Policy and Directives are published at [http://www.michigan.gov/corrections/0,4551,7-119-1409--, 00.html](http://www.michigan.gov/corrections/0,4551,7-119-1409--,00.html) under hyperlink Policy Directives [http://www.michigan.gov/corrections/0,1607,7-119- 1441_44369---, 00.html](http://www.michigan.gov/corrections/0,1607,7-119-1441_44369---,00.html)

03.03.140 Prohibited Sexual Conduct Involving Prisoner is published and outlines MDOC and Law Enforcement requirements.

01.01.140 Internal Affairs is published and outlines MDOC and Law Enforcement requirements.

Michigan State Police letter dated September 30, 2015 acknowledging compliance with section (a-e) of 115.21.

Michigan State Police letter dated September 30, 2015 acknowledging sections (a-f) of 115.21 that apply to their agency.

(d). Refer to the letter from the Michigan State Police in section (c).

(e). This auditor is not required to audit this provision.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). The agency's PREA Manual, PREA training curriculum "PREA: Sexual Abuse and Sexual Harassment in Confinement", computer based training modules for PREA and training reports were reviewed in determining compliance with this provision of the standard. A review of these materials provides detailed explanations of all ten points required by the standard. The training curriculum is provided as part of an employee's initial 320 hour Corrections Training Program. Computer based training is provided for existing employees and contractors through two detailed training modules on an annual basis. Informal interviews with staff and contractors during the audit tour inspection confirm that individuals are informed of all ten factors required by the employee training standard. All staff who were randomly interviewed were able to clearly describe elements from the training to demonstrate knowledge of the factors required by the standards in compliance with this provision.</p> <p>(b). WCC does not house female inmates. The agency training materials that were provided and reviewed by this auditor adequately cover the dynamics of sexual abuse for male and female inmates as required by this provision of the standard. Based on a review of PREA training materials and a sampling of training records; the facility demonstrates compliance with this provision.</p> <p>(c). WCC provided ample documentation that was reviewed by this auditor to verify that staff at the facility have completed the agency's computer based training on sexual abuse and sexual harassment in confinement settings. Employees are required to complete this training at a minimum of every two years as noted within the agency PREA Manual. However, the training is available annually to aid in fulfillment of annual training requirements. Training records for every staff member was provided on a spreadsheet that is generated upon the completion of the computer-based training, the agency training plans, and staff interviews both formal and informal demonstrate compliance with this provision of the standard.</p> <p>(d). Employees are required to complete a comprehension test relative to the training materials to verify their understanding of the materials at the end of the agency's computer based training modules. This comprehensive test comes with electronic verification by employee ID number to signify individual comprehension of the training, demonstrating compliance with this provision of the standard.</p>

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). Agency policy PD 03.02.105 addresses the need for volunteers and contractors to be trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. According to policy PD 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. The agency's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. In addition to this auditor's review of the training materials, this auditor reviewed a sampling of training records across multiple contractor and volunteer disciplines to determine compliance with this provision the standard.</p> <p>(b). Policy PD 03.02.105 addresses the requirement for volunteers and contractors to be trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. According to policy PD 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same training materials available to directly hired employees. Contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge they could be a first responder. A formal interview with a facility contractor demonstrated knowledge of facility reporting and first responder procedures. Informal interviews during the audit inspection with contractors demonstrated that they were aware of their responsibilities to both report incidents of sexual abuse and sexual harassment, as well as how to act as a first responder to preserve potential evidence. The review of policy, training materials, training records and both formal and informal interviews demonstrate compliance with this provision of the standard.</p> <p>(c). The agency PREA Manual requires that the Department maintain documentation confirming that volunteers and contractors receive and understand the agency's PREA training. WCC provided ample samples of orientation and PREA training completion for contractors and/or volunteers. The review of policy, training materials, training records and both formal and informal interviews demonstrate compliance with this provision of the standard.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="248 241 523 280">Auditor Discussion</p> <p data-bbox="248 324 1484 869">(a) Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditor, address the standard and requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. Through interviews with facility intake staff, the PREA Coordinator and random inmates, this education is reportedly completed through a video based presentation that is accompanied by a brochure that specifically covers the zero-tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse. A review of 15 random inmate files, within the intake screening area, out of the 335 currently housed at WCC was conducted by the auditor to establish that the zero-tolerance education was indeed being conveyed, a sampling of the eight inmate intake records verified that the information was also being conveyed to the ARUS. This satisfies compliance with this provision of the standard.</p> <p data-bbox="248 922 1471 1041">Through interviews with the PREA Administrator (Manager) and a review of agency materials, it is clear that PREA policies and reporting mechanisms are universal throughout the agency, and continuous PREA training is being provided to the inmates.</p> <p data-bbox="248 1095 1484 1556">(b). During the random inmate interviews, 25 of the 26 inmates confirmed that education materials and the PREA video, Taking Action, were shown during the intake process at the Charles E. Egeler Reception and Guidance Center (RGC). The inmates report that information is continuously displayed throughout the housing units on posters and is available in handbooks. During the audit inspection, this auditor randomly sampled eight inmate files on the housing units and requested that MDOC staff show computerized movement records to verify that education was provided in a timely manner. There is currently one ARUS for all the inside housing units and one ARUS for the outside housing unit so I was able to randomly choose inmate files for review from different housing units. Inmate training receipts provided by the facility and reviewed by the auditor to demonstrate compliance with this provision of the standard.</p> <p data-bbox="248 1610 1430 1814">Random Inmate and Staff interviews indicated that inmates were provided PREA materials and trained regularly within 24 hours of reception to the Intake center, RGC. During the specialized interview with an intake staff member records were provided to show PREA education taking place if it was not documented in their file upon transfer. When identified WCC provides PREA education and documents the completion.</p> <p data-bbox="248 1868 1484 2157">(c). Through interviews with the PREA coordinator, inmates, and a review of 15 inmate files within the intake screening area, it is clear that PREA policies, agency materials provided to the staff and inmates, and reporting mechanisms are universal throughout the agency. The Inmates at WCC receive the PREA pamphlet at the facility orientation and education about the facility's zero-tolerance policy within seven days of arrival. A sampling of 15 inmate training records, both pre-audit and onsite, confirms that inmates within the facility have been educated at RGC and upon arrival at WCC demonstrating compliance with this provision of the</p>

standard.

(d).The agency publishes written educational materials, such as the PREA brochure, PREA posters and Prisoner Guidebook in both English and Spanish. The agency has a braille version of the PREA brochure available for visually impaired inmates. The PREA video, Taking Action, has been closed captioned for the deaf and hard of hearing population. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes. WCC also maintains copies of PREA training materials, The PREA Resource Centers, "An End to Silence", agency PREA publications and the PREA standards that are available to the inmate population. The auditor reviewed these training materials and interpretation schedules to determine compliance with this provision of the standard.

(e).The agency and facility maintain documentation of inmate education via form CAJ-1036. Sample records were provided and random inmate files were reviewed during the audit inspection to confirm that inmate education records existed consistent with this provision of the standard.

(f).The agency publishes posters that contain record of the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment. During the on-site inspection of the WCC, these posters were visible throughout the housing units and common areas of the facility. Inmates receive a tri-fold PREA brochure that is published in both English and Spanish during the intake process and these materials were observed to be available to inmates during the audit inspection. The PREA Resource Center's "An End to Silence" handbook, the PREA Standards, the agency PREA Manual, training materials and prisoner guidebooks are available for the inmate population. Twenty-five of the twenty-six random inmates interviewed and the majority of the informal inmate interviews during the audit inspection, reported receiving written materials for their retention and education upon their reception to WCC demonstrating compliance with this provision of the standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a).The agency has a Basic Investigator Training manual that was reviewed by the auditor. This manual provides additional specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. Training records were provided to confirm that 49 staff at WCC completed this specialized investigative training and 25 of the 49 are responsible for completing PREA investigations. The auditors conducted one formal interview and two informal interviews during the on-site portion of the audit of staff trained and assigned investigations. They were all able to appropriately answer the auditor’s questions in regards to their training and the investigative process demonstrating compliance with this provision of the standard.</p> <p>(b).The agency's investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution to the Michigan State Police (MSP). WCC only conducts administrative investigations while MSP handles all criminal investigations so it is imperative for the staff to know the difference, how to contact MSP, and how to properly secure the crime scene and evidence until MSP arrives. A review of training materials and training records for facility investigators demonstrates compliance with this provision of the standard.</p> <p>(c). The agency maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by the auditor to verify that 49 active employees have completed the Basic Investigator Training demonstrating compliance with this of provision of the standard.</p> <p>(d).The auditor is not responsible for auditing provision (d) of the standard.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). Agency policies 02.05.100 and 02.05.101 establish procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The agency has developed a training curriculum specific to medical and mental health staff that was reviewed by this auditor. These materials expand upon the basic training module 2 to cover the four points required by the standards. Training materials cover the detection of sexual abuse and harassment, preservation of evidence, how to respond to victims of sexual abuse and harassment and facility reporting responsibilities for allegations of sexual abuse and harassment. Forensic examinations are conducted at an outside medical provider, University of Michigan, and no evidence is collected by medical or mental health practitioners. The facility provided documentation of medical and mental health practitioners having completed the training modules related to their specific disciplines that were reviewed by the auditor. Through formal and informal interviews during the audit inspection, both medical and mental health staff confirmed that they have received computer based training that covers the standard requirements in compliance with this provision.</p> <p>(b).Neither the facility nor its staff conduct forensic examinations, therefore, training records consistent with this provision of the standard are not required.</p> <p>(c).The facility provided documentation of medical and mental health practitioners completion of the specialized training modules that was reviewed by the auditor. The training records are kept in the computerized training records for employees. The facility demonstrates compliance with this provision of the standard.</p> <p>(d).The agency has developed a training curriculum specific to medical and mental health staff that includes and expands upon the basic training module 2 to cover the key points required by the standards. Employees must complete the traditional module 1 and 2 training required of all employees as part of accessing this expanded training specific to each discipline. The auditor's review of these training materials, the four staff interviews, and corresponding completion training records for all medical and mental health staff within the last 12 months, records demonstrates compliance with this provision of the standard.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Definitions: In addition to the PREA assessment at intake, Staff shall complete a PREA-Aggressor Risk Assessment-Prison review and PREA- Victim Risk Assessment-Prison review whenever warranted. This includes any time a prisoner is referred for an assessment, at the request of the prisoner or staff, an incident of sexual abuse has occurred or alleged to have occurred, or upon receipt of additional information that bears on the prisoner’s risk of being sexually abused or being sexually abusive toward others. If any incident requires the transfer of a prisoner, the sending facility shall ensure the risk assessment is completed prior to the transfer.</p> <p>The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews; All prisoners shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. The OMNI-based risk assessment tools will be used to determine a prisoner’s risk. The results of the Risk Assessment shall be considered when making housing, bed, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>WCC provided risk Assessment trackers which verify that the assessments were being conducted in compliance with the standard. Eight inmate’s records were reviewed by this auditor to show compliance. Random Staff and staff that perform risk screenings interviews indicated that the Risk Assessments are being conducted on the date of reception or shortly thereafter by a trained staff member. Random interviews with inmates also indicated that the Risk Assessments are being conducted on the date of their reception or within a day or two of entering the facility.</p> <p>(b). Intake screening shall ordinarily take place within 72 hours of arrival at the facility. Policy directives 03.03.140 & 05.01.140 were reviewed for compliance for this standard. Policy 03.03.140, 05.01.140, the PREA Manual, and the PREA Risk Assessment Manual state that an intake screening shall be conducted at reception centers during intake. The auditor notes that the agency policies governing risk screening, 03.03.140 and the PREA Manual, changed due to prior audits within the MDOC. This change was effective April 24, 2017. These updates also include the requirement of completing this assessment within 72 hours, in compliance with this provision of the standard.</p> <p>A comprehensive intake risk screening tracker which is an electronic system that produces a spreadsheet was provided for review and shows compliance with this standard. Formal interviews with the staff that perform intake screenings confirm that the WCC is in compliance with this provision of the standard.</p> <p>Such assessments shall be conducted using an objective screening instrument. The PREA Risk Assessment Worksheet that was reviewed by this auditor meets objective criteria as required by provision (c) of this standard. The assessment is an objective set of instruments that measures both an inmate's risk of victimization and risk for predatory behavior. The tool</p>

generates a numerical score based on weighted factors to determine an inmate's classification as either an Aggressor, Potential Aggressor, No Score (No Risk of Victimization/Aggressor), Potential Victim or Victim.

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

(d). Based on a review of the PREA Manual and the PREA Risk Assessment Manual, the auditor is satisfied that the intake screening instrument meets the 10 criteria set forth in this provision of the standard.

(1). Whether the inmate has a mental, physical, or developmental disability

(2). The age of the inmate

(3). The physical build of the inmate

(4). Whether the inmate has previously been incarcerated

(5). Whether the inmate's criminal history is exclusively nonviolent

(6). Whether the inmate has prior convictions for sex offenses against an adult or child

(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)

(8). Whether the inmate has previously experienced sexual victimization

(9). The inmate's own perception of vulnerability

(10). Whether the inmate is detained solely for civil immigration purposes

While the tool does not affirmatively address criteria 10, neither the agency nor the WCC house inmates solely for civil immigration purposes. An affirmative assessment of a risk factor that does not exist within the agency, agency, civil immigration, was determined unnecessary. The PREA Risk Assessment Manual, which outlines the procedures for the use of the intake screening tool, clarifies that the remaining nine elements of the standard are affirmatively addressed within the intake screening process to demonstrate compliance with this provision of the standard.

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

(f). The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for assessment completion. The facility's reassessment process consists of three questions, two of which are certification by the

assessor that the original victim and aggressor instruments are accurate.

During the on-site portion of the audit, eight inmate files were randomly sampled on the housing units with both of the facilities ARUS, Counselors that conduct the 30 day assessment. During this sampling, staff at the facility were asked to pull up computerized movement records of the selected files to verify that reassessment of risk was taking place within 30 days. All files were found to be compliant. The facility is technically completing a reassessment within 30 days consistent with this provision of the standard. However, during this review and asking the ARUS questions it was discovered that the 30 day assessments were not occurring face-to-face with the inmate. They were merely based off the ARUS's review of documents and within the computer system. I then interviewed the other ARUS to find that they were indeed meeting face-to-face for the 30 day assessment.

Corrective Action: This auditor wanted both ARUS's retrained on proper reassessment guidelines. I received confirmation via email from the PREA Coordinator on March 28, 2018 that the training had been conducted. This auditor is satisfied with the corrective action and finds the facility compliant with this provision of the standard.

(g). Policy 03.03.140, the PREA Manual and the PREA Risk Assessment Manual specify that assessments shall be conducted when warranted due to the factors enumerated by the standard. A staff member responsible for risk screening reported conducting a reassessment of an inmate after a referral from mental health staff to demonstrate compliance with this provision of the standard. This was able to be confirmed as the inmate file was provided along with the correspondence between staff members.

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

(i). According to the standard, the agency shall implement 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. This auditor questioned the language in the PREA Risk Assessment Manual dated 2015 and CAJ 1023, PREA Risk Assessment, worksheet directing staff to place a copy of the assessment in the inmates file as well as send and maintain a copy in the inmates Official Records file. With an automated system there is no need to maintain these worksheets which jeopardize the control of the sensitive information. The PREA Analyst sent me an updated draft of the PREA Risk Assessment Manual that is awaiting approval for distribution which takes this language out. The PREA Analyst also stated that the facilities were given direction to remove all paper assessments from the files. During the on-site portion of the audit this auditor pulled multiple inmate files and Records files to find that the Risk Assessment

worksheets were still in the files. None of the worksheets were completed by WCC and the staff were on point to not place them in the files or distribute. If they needed to utilize the worksheets they would shred immediately after inputting in the automated system.

Corrective Action: This auditor spoke with the PREA Administrator and PREA Analyst to send a memo to all facilities to review each file on their caseload during their annual review and remove all Risk Assessment worksheets. With this direction, all institutions should be compliant with this standard as of April 2019. Attached is direction from the PREA Coordinator providing direction to WCC staff dated April 16, 2018. Due to the memo being sent, the email attached, the anticipation of the updated PREA Risk Assessment Manual being distributed, and the fact that WCC itself was not placing the assessments in the files this auditor is comfortable satisfied with WCC complying with this provision.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) This auditor reviewed the PREA Manual and policy 05.01.140 and found that the agency policies are compliant and mirror the language set forth in this provision of the standard. The agency uses a computerized assessment process to arrive at an inmate classification for risk. The results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. The facility provided a copy of their count sheets that identifies housing assignments along with assessed risk was a great tool to demonstrate use of the screening information for housing decisions. The agency also issued an agency-wide memorandum to prohibit the pairing of identified aggressors and potential aggressors with victims or potential victims in isolated work assignments or those work areas with any blind spots that could enable sexual abuse. The PREA Coordinator and Captain were interviewed and relayed that the screening process prevents inmates with incompatible risk scores to be housed together, potential abusers will also not be employed in certain job assignments. While in Control this auditor had the Captain show me how the system works and what would occur if they attempted to put an abuser with a victim. This move was not authorized to be made. WCC meets this standard as all inmates are either single celled or are not assessed as aggressor or victims. The facility is an acute MH facility so every inmate sent there, with the exception of workers and dialysis patients, are single celled. All remaining inmates are placed at WCC for employment purposes. They are either Aides that live in their own double cell which is not directly on the pod or they are housed in the outside dorm and used for outside work such as kitchen, maintenance, warehouse, or dialysis patients. All of the inmate workers at WCC are assessed and cannot be a potential aggressor or victim as that is a requirement. If their score changes causing them to become labeled as an abuser or victim they are transferred to another facility. This address all of the standard language as far as housing, employment, programming, recreation, etc....</p> <p>Recent agency wide revisions to policies 03.03.140 and the PREA Manual now ensure that a 72-hour intake screening process for all incoming inmates is in place and negates the opportunity for key aspects of vulnerability to go undetected consistent with the intent of this provision. The demonstrated practice of the facility conducting these intake assessments provide evidence that key aspects of vulnerability or predatory behavior are considered for each inmate even after transfer to WCC to ensure appropriateness regarding the workers. As far as the rest of the population, they are single celled. This auditor is satisfied with the high level of supervision and minimal number of blind spots within the facility to ensure that any risk identified by the screening tool is outweighed by the staff to inmate ratio and direct observation.</p> <p>(b). Agency policy PD 05.01.140 Prisoner Placement and Transfer and the PREA Manual, which were reviewed by this auditor, establish agency policy regarding individualized safety determinations. Policy and an interview with an inmate identified to be vulnerable to sexual victimization demonstrated that the facility makes individualized determinations to ensure the safety of each inmate, consistent with this provision of this standard. Due to the nature of the facility being mental health the inmate was single celled. This inmate stated that he did feel safe and comfortable reporting to staff and that the staff of the WCC care about his safety. In</p>

addition to the risk screening process and its use to determine proper housing assignments, there is a degree of flexibility to make individual accommodations. The facility demonstrates that it meets the requirements of this provision.

(c). The PREA Manual and agency policy PD 04.06.184 Gender Identity Disorder(GID)/Gender Dysphoria, reviewed by this auditor, contains language and provisions to satisfy the standard requirements that the agency make case-by-case determinations for transgender and intersex housing and programming assignments consistent with this provision of this standard. During an interview the facility PREA Coordinator stated that policy requires consideration in making housing and programming assignments for transgender inmates on an individualized basis to ensure the inmate's health and safety. Due to the nature of the facility, most inmates are housed at WCC long enough to become stabilized and then sent back to their home facility. Due to this and the mental state they are in during their time of arrival, WCC has not been in a position to make this determination nor did they have any transgender/ intersex inmates to interview. Due to the scoring on their Risk Assessments, transgender inmates would never score within the range to qualify as a worker at WCC as they automatically score as a potential victim.. This concerned this auditor however assigning inmates based on their risk level removes all ambiguity in relation to PREA housing concerns. The auditor finds that due to the type of facility and its requirements coupled with the policies put in place the facility is compliant with this provision of the standard.

(d). Agency policy PD 04.06.184 and the PREA Manual were reviewed by the auditor. The policy indicates that placement and programming assignments for transgender, intersex and GID inmates will be reassessed twice yearly by facility medical or mental health staff. During an interview the facility PREA Coordinator stated that policy requires transgender inmate be reviewed twice per year. It was noted that no identified transgender inmates were housed at the WCC during the course of the onsite audit, and as such no transgender inmates were available to be interviewed by the auditor. No records for semiannual transgender reviews were available to demonstrate compliance or non-compliance with the provision of this standard. Based on the affirmative interview with the facility PREA Coordinator, and adequate policy and procedures directing the semiannual transgender reviews, this auditor determines compliance with this provision of this standard.

(e). The PREA Manual, reviewed by this auditor, provides for a transgender or intersex inmate's own views to be considered in the placement process. During an interview the facility PREA Coordinator identified that policy requires transgender or intersex inmate's own view be given serious consideration with respect to his or her safety. It was noted that no identified transgender inmates were housed at WCC during the course of the onsite audit, and as such no transgender inmates were available to be interviewed by the auditor. Based on the facility PREA Coordinator interview and policy, it appears that the transgender or intersex inmate's views will be given consideration when making determinations for housing and other programming determinations consistent with this provision of this standard.

(f). Agency policy PD 04.06.184, reviewed by this auditor, specifies that transgender and intersex (GID) inmates are given the opportunity to shower with relative privacy; while the PREA Manual provides that transgender and intersex (GID) inmates shall be given the opportunity to shower separately. Informal interviews with staff on the housing units during the audit inspection corroborated that if they received a transgender or intersex inmate they would

be able to shower during count time when all other inmates are locked in their cells to demonstrate compliance with this provision of this standard.

(g). Policy 05.01.140 and the PREA Manual, reviewed by this auditor, address this provision of the standard. An interview with the PREA Coordinator at WCC confirmed, that the facility does not house LGBT inmates in dedicated units or facilities. WCC does not have Administrative Custody and most units are specified in accordance with mental health needs.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a-e). WCC does not have any form of segregation units or protective custody. It is a specialized mental health facility therefore this standard is not applicable to facility. However, the agency PREA Manual and policy 04.05.120 were reviewed by this auditor in determining compliance with provisions (a-e) of the standard. The PREA Manual contains language that mirrors each provision of the standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1484 618">(a). Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by this auditor, confirm that staff are required to report all elements denoted within this provision of the standard. A review of investigations support that facility staff promptly take action based on any PREA related reports made to them. Formal and informal interviews during the audit inspection indicate that staff are aware of their need to take immediate action with any reports of sexual abuse, sexual harassment or retaliation that comes to their attention, complaint with this provision of the standard.</p> <p data-bbox="252 667 1484 1003">(b). Policy 03.03.140, local procedures 03.03.140 and the PREA Manual, which were reviewed by this auditor, contain distinct prohibitions against sharing any information received from a sexual abuse report, consistent with this provision of the standard. The only acceptable disclosures are relative to investigative, treatment, security and management decisions. Agency policy and random interviews with selected staff confirm that individuals within the facility are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse, sexual harassment, or retaliation to demonstrate compliance with this provision of the standard.</p> <p data-bbox="252 1052 1484 1388">(c). Policy 03.03.140, local policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting. Clinicians are required to disclose their duties to report. Through formal and informal interviews with medical and mental health care staff, both classes of staff affirmed their obligation to disclose their limits of confidentiality before each encounter and both articulated their obligations to convey any reports of facility based sexual abuse, harassment, or retaliation to the PREA Coordinator at the facility consistent with this provision of standard to demonstrate compliance.</p> <p data-bbox="252 1438 1484 1639">(d). Agency policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, require the facility staff to report any allegation involving a victim under the age of 18 to the agency PREA Administrator for forwarding to the proper state authorities under mandatory reporting laws. The facility does not house inmates under the age of 18 and has not had to make such reports during the audit period identified by this provision of the standard.</p> <p data-bbox="252 1688 1484 2069">(e). Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor in determining compliance with this provision, direct that all reports of sexual abuse and sexual harassment are brought to the attention of the appropriate supervisory staff and subsequently referred for investigation. A review of investigation files by this auditor confirms that this practice is carried out within the facility. Investigative reviews provided adequate examples of written and verbal allegations that were immediately forwarded to the attention of investigatory staff. An interview with the Warden confirms that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on this information, this auditor determined compliance with this provision.</p>

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The agency utilizes administrative procedures to address sexual abuse and is not exempt as specified in this provision of the standard.</p> <p>(b). Director's Office Memorandum (DOM) 2016, dated April 27, 2016, which was reviewed by the auditor in determining compliance with this provision, allows for an inmate's grievance (form CAJ-1038A) to be submitted at any time to the facility PREA Coordinator or Inspector. Inmates are not required to informally resolve the alleged incident prior to filing a PREA grievance. The PREA grievance will address the elements of the grievance dealing with sexual abuse; however, will require the inmate to resubmit non-PREA related items in accordance with policy 03.02.130 Prisoner/Parolee Grievances. The auditor notes that the Director's Office Memorandum was issued to supplement existing grievance policy 03.02.130 which has been updated to contain language consistent with this provision of the standard.</p> <p>(c). Director's Office Memorandum 2016 , dated April 27, 2016, which was reviewed by the auditor in determining compliance with this provision, allows for an inmate's grievance to be submitted to the facility PREA Coordinator or the facility Inspector. Grievances may also be submitted in locked boxes throughout the facility. During the site review of the facility there were numerous Grievance lock boxes identified in housing units and common areas. The DOM specifies that the grievances will not be referred to the staff member subject to the complaint within. The prisoner guidebook and the grievance policy, 03.02.130, do not contain language specific to this provision of the standard. The DOM supersedes these documents and establishes procedure until said policies can be revised or updated to reflect standard requirements. Examples of completed Grievance forms were provided for review by WCC. This auditor also reviewed random PREA allegation grievances .All grievances were investigated promptly which proved compliance with the standard.</p> <p>(d). Director's Office Memorandum 2016, dated April 27, 2016, which was reviewed by the auditor in determining compliance with this provision, states the PREA coordinator or inspector shall ensure a written response is provided to the prisoner within 60 calendar days of receipt of the Step I PREA grievance unless an extension has been approved by the Internal Affairs Division in order to conduct an appropriate investigation. An extension of up to 70 calendar days may be approved by Internal Affairs if 60 calendar days is insufficient to make an appropriate decision. The prisoner shall be informed in writing of any extension and provided a date by which a decision will be made. If no response was received, the prisoner shall submit the appeal within 10 calendar days after the date the response was due, including any extension. A final agency determination on the merits of a PREA grievance shall be provided by the PREA Administrator within 90 calendar days from the original filing of the grievance. Computation of the 90 days does not include the 10 days allowed for the prisoner to file an administrative appeal. A review of the agency DOM and facility investigations demonstrates that facility practice is in compliance with this provision of the standard.</p> <p>(e). The DOM, which was reviewed by the auditor in determining compliance with this provision of the standard, permits that third parties, including fellow prisoners, staff</p>

members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. A third party may also assist a prisoner in filing the prisoner's PREA grievance in accordance with policy. If a third party files a PREA grievance on behalf of a prisoner, the prisoner must sign the PREA grievance in the area provided indicating the prisoner authorizes the grievance to be filed on his/her behalf for the grievance to be processed. If the prisoner refuses to sign, the PREA grievance shall be immediately dismissed. All Department responses to a PREA grievance filed by a third party will be provided only to the prisoner on whose behalf the grievance was filed. PREA grievance form CAJ-1038A has a section to identify if the grievance is submitted via third party and if the victim consents to the filing of the grievance on their behalf. If consent is not given, the grievance is denied and documented.

Through review of the DOM and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with this provision of the standard.

(f). The DOM, which was reviewed by the auditor in determining compliance with This provision, establishes procedure for the processing of any emergency grievance in accordance with the standards requirements. The DOM states a prisoner or a third party may file an emergency PREA grievance if s/he believes that the prisoner is subject to substantial risk of imminent sexual abuse. The Prison Rape Elimination Act (PREA) Prisoner Grievance Form (CAJ-1038A) must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the Warden. The Warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA Administrator regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance. Through review of the DOM and agency documentation, the auditor is satisfied that the agency and facility have adequate procedures in place to ensure compliance with this provision of the standard.

(g). Policy Directive 03.03.140, the DOM, and a Misconduct report were reviewed by this auditor in determining compliance with this provision. Policy directs that staff shall not retaliate against a prisoner for using the PREA grievance process. If a prisoner intentionally files a PREA grievance which is investigated and determined to be unfounded and which, if proven true, may have caused an employee or a prisoner to be disciplined or an employee to receive corrective action, the prisoner may be issued a misconduct report if approved by the Warden. Through interviews with random Staff, random Inmate, and PREA Coordinator interviews did disclose that there were PREA related grievances filed at WCC. Inmates did indicate that they felt comfortable filing grievances in general at the facility absent retaliation. This auditor is satisfied that the Statewide PREA Policy and Procedures are being adhered to at WCC and are in compliance with this provision of the standard.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) WCC provided examples of postings, memo's, brochures, and the "An End to Silence Inmates Handbook 3rd. Edition." This handbook provides the address for Michigan Coalition to End Domestic and Sexual Violence. This organization offers support and counseling services to inmates. Photographs of the National Sexual Assault Hotline posters were provided prior to the on-site visit and also observed while touring inspecting the facility, these posters were in both English and Spanish throughout the facility and housing units.</p> <p>Through interviews with the PREA Administrator and the facility PREA Coordinator, it was determined by this auditor that WCC has been unable to locate a community service provider at the time of the audit and therefore unable to enter into an agreement. The reasoning is that local community providers must meet the needs of the community first and foremost and do not have the resources to allow them to service both at this time. However, WCC has provided documentation, in the form of email and memos submitted to community providers as proof of attempts to locate and enter into an agreement with community service providers. WCC has provided the free and confidential telephone service to prisoner survivors of sexual abuse with the Rape, Abuse & Incest National Network (RAINN) and displays posters in all the common areas visited by prisoners throughout the facility to let the prisoners know the service is available to them. WCC has also made available in the prisoner library copies of "An End To Silence: Inmates' Handbook on Identifying and Addressing Sexual Abuse" and posted notices in all common areas of the housing units as well as the library to let the prisoners know the resource is available to them. The book provides the address to write the Michigan Coalition to End Domestic & Sexual Violence (MCEDSV) to receive the emotional support services. MDOC and WCC have been in communication with Just Detention International (JDI) as well as the Michigan Coalition to End Domestic & Sexual Violence (MCEDSV) and a proposal of a statewide effort for these services to be provided to prisoner survivors of sexual abuse on a statewide level in Michigan. I have observed the posters for RAINN as well as the posted notices for the "An End To Silence" throughout the facility. I have also reviewed the provided documentation memos and emails of attempts to locate community service providers as well as the newly provided statewide attempts being made.</p> <p>The facility has also made it clear in policy directive, 05.03.130 – Prisoner Telephone Use, that the number has been placed on Attachment B the Universal List which allows all prisoners' access to the number and to the extent it will be monitored. Notification was sent out of the update in policy to all prisoners by JPAY notification. This auditor is satisfied with current policies and attempts and find the facility compliant with this provision of the standard.</p> <p>(b). Through policies 05.03.118 Prisoner Mail, 05.03.130 Prisoner Telephone Use, the PREA Manual and the Prisoner Guidebook which were reviewed by the auditor in determining compliance with this provision of the standard, inmates are adequately made aware of how communications are monitored and which lines of communication are unmonitored for confidentiality purposes. Through random inmates interviews inmates were aware of outside resources and advocacy being available. None of the inmates interviewed had utilized the services in order to explain the ease or confidentiality.</p>

(c). Through interviews with the PREA Administrator and the facility PREA Coordinator, it was determined by this auditor that the agency and facility work collaboratively to establish relationships with outside support services. The agency has made attempts to establish formal relationships with the local sexual assault agency and coordinate meetings in which the email documentation was provided to the auditor for review to determine compliance with this provision of the standard. The facility provides the Michigan Coalition to End Domestic Violation and Sexual Violence information, has trained staff locally to be advocates, and provides the RAINN (Rape, Abuse and Incest National Network) information which is accessible to the inmates.

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

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by this auditor, confirm that staff are required to report all elements denoted within this provision of the standard. A review of investigations support that facility staff promptly take action based on any PREA related reports made to them. Formal and informal interviews during the audit inspection indicate that staff are aware of their need to take immediate action with any reports of sexual abuse, sexual harassment or retaliation that comes to their attention, complaint with this provision of the standard.</p> <p>(b). Policy 03.03.140, local procedures 03.03.140 and the PREA Manual, which were reviewed by this auditor, contain distinct prohibitions against sharing any information received from a sexual abuse report, consistent with this provision of the standard. The only acceptable disclosures are relative to investigative, treatment, security and management decisions. Agency policy and random interviews with selected staff confirm that individuals within the facility are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse, sexual harassment, or retaliation to demonstrate compliance with this provision of the standard.</p> <p>(c). Policy 03.03.140, local policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting. Clinicians are required to disclose their duties to report. Through formal and informal interviews with medical and mental health care staff, both classes of staff affirmed their obligation to disclose their limits of confidentiality before each encounter and both articulated their obligations to convey any reports of facility based sexual abuse, harassment, or retaliation to the PREA Coordinator at the facility consistent with this provision of standard to demonstrate compliance.</p> <p>(d). Agency policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, require the facility staff to report any allegation involving a victim under the age of 18 to the agency PREA Administrator for forwarding to the proper state authorities under mandatory reporting laws. The facility does not house inmates under the age of 18 and has not had to make such reports during the audit period identified by this provision of the standard.</p> <p>(e). Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor in determining compliance with this provision, direct that all reports of sexual abuse and sexual harassment are brought to the attention of the appropriate supervisory staff and subsequently referred for investigation. A review of investigation files by this auditor confirms that this practice is carried out within the facility. Investigative reviews provided adequate examples of written and verbal allegations that were immediately forwarded to the attention of investigatory staff. An interview with the Warden confirms that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on this information, this auditor determined compliance with this provision.</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). Policy 05.01.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with this provision, state whenever a prisoner is subject to imminent risk of sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by preventing contact between the alleged abuser and alleged victim. Action to protect the prisoner may include, but is not limited to, changes in housing units and/or assignments, transfers, and stop orders.</p> <p>The agency confirms that action is taken immediately by the facility to protect inmates. The facility head is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims. An interview with the Warden confirms that the facility takes immediate action on a case-by-case basis to determine what measures are required to ensure the safety of each inmate. All random staff interviewed recognized their need to take immediate action to protect inmates from victimization.</p> <p>The auditor determines compliance with this provision of the standard based on the facility's immediate action in response to perceived threats of sexual abuse, staff interviews, and documentation supporting the policy requirements.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution and demonstrates compliance with this provision of the standard.</p> <p>(b). Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution within 72 hours, demonstrating compliance with this provision of the standard.</p> <p>(c). The PREA Manual and agency policy 03.03.140, which were reviewed by this auditor, require that such notifications are made within 72 hours. Both the Warden and PREA Coordinator confirmed that notifications are made immediately to demonstrate compliance with this provision of the standard.</p> <p>(d). Policy 03.03.140 and the PREA Manual, which were reviewed in determining compliance with this provision of the standard, establish procedures for ensuring that any allegations received from other confinement facilities are investigated. The facility receiving the allegation must ensure the allegation was not previously investigated. If the allegation was not investigated, the facility shall conduct an investigation of the allegations. Interviews with the Warden and PREA Coordinator in conjunction with multiple examples provided to this auditor confirm that allegations received from other confinement facilities are properly investigated, demonstrating compliance with this provision.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). The PREA Manual, which was reviewed by this auditor, requires the first responding security staff member to take the four actions specified by this provision of the standard to ensure the safety of the victim and preservation of any forensic evidence should the allegation have taken place within a period of time for the collection of such evidence from the victim and the abuser.</p> <p>An interview with a first responder indicated that as soon as an allegation is known, immediate action is taken to separate the alleged victim and abuser, as well as to inform them not to take any actions that could destroy evidence, such as washing or changing clothes. Any clothing that is collected should be placed into a paper bag. A medical examination follows, where it is determined if a forensic examination is necessary. If there is an allegation that is reported to have taken place in a cell, that area would be sealed off.</p> <p>Based on a formal interview with a first responder, a review of policies, informal interviews with staff during the audit inspection and review of investigations ,investigations, this auditor was satisfied that WCC staff are well aware of their first responder obligations under this provision of the standard and has executed these obligations when necessary. WCC has premade PREA 1st Responder bags that contain documents and items in order to respond to an allegation more efficiently and thoroughly.</p> <p>(b). The PREA Manual, which was reviewed by this auditor, requires that a non-custody first responder staff immediately notify a supervisor in their chain of command for a referral to the facility Inspector. Non-custody staff are directed to request that the alleged victim not take any actions that could destroy physical evidence. During the audit inspection, staff were informally interviewed and demonstrated that they were well aware of their responsibilities to request that the alleged victim not take any actions that could destroy physical evidence to demonstrate compliance with this provision of the standard.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). The facility has developed its own operating procedures for agency policy 03.03.140. The document titled WCC OP 03.03.140, which was reviewed by this auditor, describes the procedures employed by WCC staff when responding to allegations of sexual abuse among supervisory, investigative staff, and facility leadership. The interview with the Warden outlined the facility's coordination among first responders, medical staff, investigators, and the review team to process an allegation from start to finish, allowing the auditor to find compliance with this provision of the standard.</p>

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

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners was reviewed and reads: 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.</p> <p>Agency policy 03.03.140 and the PREA Manual, which were reviewed by this auditor in determining compliance with this provision of the standard, articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The agency designates that Supervisory staff, other than the direct supervisor, shall monitor for retaliatory performance reviews, reassignments and other retaliatory action not substantiated as legitimate discipline or performance matter for staff. Supervisory staff shall also monitor for disciplinary sanctions, housing/program changes and also conduct periodic status checks for prisoners who report or have reported alleged victimization. At WCC housing unit staff, such as the RUM (Residential Unit Manager) or ARUS (Assistant Residential Unit Supervisor) are responsible for monitoring. This allow the auditor to determine compliance with this provision of the standard.</p> <p>(b). Through interviews with the PREA Coordinator and the Warden of the facility, it was determined that both the agency and the facility employ multiple measures to ensure that inmates and staff who report sexual abuse and sexual harassment or cooperate with investigations into such actions are protected from retaliation consistent with this provision of the standard.</p> <p>(c). Agency policy 03.03.140 and the PREA Manual, which were reviewed by this auditor in determining compliance with this provision, articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The PREA Manual states that individuals who report sexual abuse are monitored for at least 90 days. The agency and the facility monitor for 90 days unless the allegation is unfounded, at which time, retaliation monitoring would cease. In the event retaliation is observed, policies ensure that it is remedied promptly and that monitoring can be extended beyond 90 calendar days if necessary. An interview with the Warden, PREA Coordinator, and staff charged with retaliation monitoring confirm that if retaliation is noticed, it is referred for investigation.</p> <p>An interview with the Warden confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at the facility. In an interview with the Warden, she expressed a commitment to employing housing unit changes and other protective measures such as transfers. Should retaliation be noticed, an investigation would ensue. The PREA Coordinator stated that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of factors enumerated under this provision of the standard and face-to-face meetings through subordinate staff. The PREA Coordinator noted that suspicions of retaliation result in an investigation and a transfer of either the inmate or staff member to</p>

another housing unit.

The facility reported no instances of retaliation during the audit period. Investigatory files were reviewed and were found compliant with this provision of the standard.

(d). Staff responsible for retaliation monitoring stated in an interview that retaliation monitoring typically takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of these activities and face-to-face meetings, consistent with this provision of the standard. This staff member stated that, status checks are typically completed on a weekly basis; however, can take place more frequently if she feels the need to do so.

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

(f). Agency policy 03.03.140 and the PREA Manual, which were reviewed by this auditor in determining compliance with this provision, in conjunction with staff interviews and review of investigations, it is evident that there is 90 days of retaliation monitoring following an inmate's allegation of sexual abuse or sexual harassment unless the allegation is unfounded.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a). WCC does not have Administrative, Segregated, or Protective Custody Housing. Therefore this standard provision is not applicable.

115.71	Criminal and administrative agency investigations
	<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 660">(a) Policy Directives 03.03.140, Prohibited Sexual Conduct Involving Prisoners, was reviewed and reads: Investigations of prohibited 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. Michigan Department of Corrections Sexual Violence Response and Investigation Guide requires that: All investigations shall be conducted promptly, thoroughly and objectively.</p> <p data-bbox="252 705 1476 1131">According to the PREA Manual, Reporting and Recording Sexual Abuse and Sexual Harassment Allegations, Staff Reporting: In accordance with PD 03.03.140 “Prohibited Sexual Conduct Involving Prisoners” and the Department Employee Handbook, staff are required to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred involving a prisoner under the jurisdiction of the Department including third party and anonymous complaints. These reports may be made privately to the appropriate supervisory staff, through the MDOC Sexual Abuse Hotline, or by completing a Department Sexual Abuse/Sexual Harassment Complaint form on the MDOC website. The MDOC Sexual Abuse Hotline and website Complaint form are available to staff, the public and third party complainants.</p> <p data-bbox="252 1176 1404 1299">The PREA Manual: 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 data-bbox="252 1344 1492 1736">Formal Interviews with three facility investigators indicated that investigations are required to be initiated within 72 hours of report; however, facility practice is generally much sooner than 72-hours, if not immediate. All reports of sexual abuse and sexual harassment, including anonymous or third-party reports are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of eight randomly selected investigatory files and the ten investigations sent during the pre-audit demonstrates that the facility responds promptly to allegations, including third party, and initiates investigations after an allegation is made. The random investigations chosen by the auditor included allegations of sexual harassment, verbal sexual harassment, verbal sexual abuse, and sexual abuse.</p> <p data-bbox="252 1780 1476 2027">(b). Prohibited Sexual Conduct Involving Prisoners: Investigations of prohibited sexual abuse/sexual harassment shall be completed by staff who have received specialized investigator training as outlined in the PREA Manual. WCC provided records, reviewed by this auditor in determining compliance with this provision of the standard. WCC has 62 staff who completed the MDOC's Basic Investigator's Training and the NIC Specialized Investigator's course. WCC utilizes 25 of these trained staff members to complete all of their investigations.</p> <p data-bbox="252 2072 1484 2150">Agency policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, requires that Department investigators receive basic investigators training from the Training Division as</p>

well as specialized training from the National Institute of Corrections (NIC) to be able to conduct sexual abuse investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

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

(c). MDOC curriculum is Crime Scene Management and Preservation. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials. The Basic Investigator Training "Interview and Investigation Techniques and Fundamentals" manual was provided for review. A sampling of nine random investigative files and ten pre-audit investigative files were selected for review. The facility demonstrates that it makes its best efforts to preserve evidence, whether that be in the form of video, shift rosters, log books, etc. The facility routinely demonstrated that it reviewed video evidence to disprove those allegations that did not occur and to substantiate elements of allegations that it could. Moreover, the facility used shift rosters to confirm the presence of staff in areas of the facility during the dates and times pertaining to alleged staff misconduct. An interview with a facility investigator confirmed that it is practice for all parties to be interviewed and that investigations are not completed solely by questionnaire which was an issue in the past. Coupled with a recent change in agency policy that prohibits the use of investigative questionnaires without an interview for PREA investigations, the auditor is satisfied that the WCC conducts interviews as required by this provision of the standard.

(d). Basic Investigator's training and the PREA Manual, which were reviewed by this auditor, and the three interviews with trained investigators were used in determining compliance with this provision. ,Specifically specify that when the evidence appears to support criminal prosecution, the assigned investigator shall coordinate interviews with law enforcement to avoid obstacles to subsequent criminal prosecution. The auditor finds compliance with this provision.

(e). The PREA Manual, which was reviewed by this auditor, states that an alleged victim's credibility will be assessed on an individual basis and not determined by the person's status as an inmate or staff member. An interview with a facility investigator confirmed that he would judge each person interviewed individually and their status would not affect credibility. He also confirmed that truth- telling devices are not used in the investigatory process. An inmate who reported sexual abuse confirmed that he was not subjected to any truth-telling device to allow this auditor to find compliance with this provision.

(f). A review of the PREA Manual and 19sample investigations indicate that staff actions are considered during the course of investigations where applicable in compliance with this provision of the standard. Reports are formatted to outline both physical and testimonial evidence, credibility assessments and investigative facts. Supporting documentation is also referenced that either proves or disproves the investigative outcome. An interview with a

facility Inspector/Investigator confirms that staff acts are considered and investigative reports documenting investigatory activities that support a conclusion are generated. This auditor finds compliance with this provision based upon the agency PREA Manual requirements, interviews, and review of the investigations that the facility has conducted.

(g). This auditor reviewed the PREA Manual which also requires that criminal investigative reports are generated to outline both physical and testimonial evidence, credibility assessments and investigative facts. Supporting documentation, such as video footage, is also referenced that either proves or disproves the investigative outcome. A review of 19 facility investigations by this auditor confirms these reports are written in a format that is consistent with this provision of the standard.

(h). This auditor reviewed agency policies 03.03.140 and the PREA Manual. A review of policy, coupled with an interview of the PREA Coordinator and a facility investigator; the auditor is satisfied that WCC has sufficient procedures in place and has exercised those procedures to refer substantiated allegations of criminal conduct for prosecution consistent with this provision of the standard. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit.

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

(j). The PREA Manual, which was reviewed by this auditor in determining compliance with this provision, specifies that investigations will continue despite the departure of any alleged victim or abuser. There were no examples of the facility terminating an investigation based on the departure of an alleged victim or abuser. During an interview with a facility investigator, the facility makes every effort to keep applicable parties at the facility until the investigation is complete; demonstrating compliance with this provision.

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

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

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a). The PREA Manual and the Basic Investigator Training Manual, which were reviewed by this auditor in determining compliance with this provision, specify that the agency's standard of proof is to be the preponderance of the evidence. Through a review of 19 investigations, the facility appears to appropriately employ this standard consistent with this provision of the standard.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). Agency Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Both the Warden and facility investigators confirm that inmate victims are notified of the investigatory results. Review of investigations demonstrate documentation of inmate notifications to demonstrate compliance with this provision of the standard.</p> <p>(b). Agency Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The auditor interviewed the PREA Coordinator, an inmate that reported an abuse allegation at the facility, and reviewed facility investigations to determine notifications were made, consistent with this provision of the standard.</p> <p>(c). Agency Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor in determining compliance with this provision, indicates that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. Agency policy was updated recently and is consistent with this provision of the standard. The facility meets this provision of the standard by also providing documented notification for allegations that have been determined to be unfounded as well as the required unsubstantiated and substantiated cases.</p> <p>(d). The PREA Manual, which was reviewed by this auditor in determining compliance with this provision, indicates that both the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions. Through a review of policy and examples of notification of investigatory outcomes, the auditor is satisfied that the facility is in compliance with this provision.</p> <p>(e). The facility provided ample documentation of its notification of investigatory results. The facility meets this provision of the standard by also providing documented notification of sexual harassment investigatory results. Within all sampled investigations, a completed CAJ- 1021 notification form was located as proof of inmate notification to demonstrate compliance with this provision of the standard.</p> <p>(f). The PREA Manual specifies that an obligation to notify an inmate of investigatory results terminates if the inmate is discharged from the facility's custody, consistent with this provision of the standard.</p>

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

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

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). This auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with this provision. These documents confirm that inmates are only subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that sexual abuse occurred. Interviews conducted with random Staff, random inmates, and PREA Coordinator indicated that there was one Sexual Abuse allegation substantiated at the facility. Due to the nature of the population mental health inmates cannot receive Class II tickets, therefore they separate the inmates but do not serve disciplinary sanctions. During interviews with the PREA Coordinator, Captain, and review of the substantiated abuse allegation investigative packet this auditor determined compliance with this provision of the standard.</p> <p>(b). This auditor reviewed agency policy 03.03.105A, 03.03.105D, WCC OP 03.03.140, and WCC OP 03.03.104-115, which were determined to establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment consistent with this provision of the standard. An interview with the Warden confirms that the facility would likely transfer a General Population inmate to a more secure facility, raise their custody level and consider adding programming to address the underlying behavior. Since WCC has no segregation unit and only housed inmates that are not assessed as potential aggressors or victims, inmates they would automatically be transferred for any substantiated allegation. As far as the Inpatient inmates, the misconduct is taken to Unit Chief or Registered Nurse Manager 2 for review. This Inpatient Psychiatric Misconduct Review would determine if the inmate is or is not responsible for the misconduct behaviors based on their mental health. They further determine if the misconduct process would be detrimental to the prisoner's mental health. If this is the case, the misconduct stops there. The most the inpatient inmate can receive is loss of privileges and this is due to their acute mental health state. WCC will move inmates to a different pod if necessary but due to the nature of this facility they inmates will not be transferred until mentally stable. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon the established sanctioning matrix relative to the imposition of discipline, an interview with the Warden, and the local policy at WCC the auditor determines compliance with this provision.</p> <p>(c). This auditor reviewed agency policy 03.03.105, WCC OP 03.03.140, WCC OP 03.03.104-115, and the PREA Manual which establishes procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed, consistent with this provision of the standard. As far as the Inpatient inmates, the misconduct is taken to Unit Chief or Registered Nurse Manager 2 for review. This Inpatient Psychiatric Misconduct Review would determine if the inmate is or is not responsible for the misconduct behaviors based on their mental health. They further determine if the misconduct process would be detrimental to the prisoner's mental health. If this is the case, the misconduct stops there. The most the inpatient inmate can receive is loss of privileges and this is due to their acute mental health state. WCC will move inmates to a different pod if necessary but due to the nature of this facility they inmates will not be transferred until mentally stable. There were no substantiated allegations of sexual abuse upon which the</p>

auditor could gauge facility practice at the time of the audit. Based upon the established sanctioning matrix relative to the imposition of discipline, an interview with the Warden, and the local policy at WCC the auditor determines compliance with this provision.

(d). This auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse consider placing offending inmates into such programs. During an interview with facility mental health staff the facility reports no direct experience placing inmates into programming for sexual offenders following a substantiated act of sexual abuse between inmates consistent with this provision of the standard. Facility mental health staff described an evaluation procedure that would be employed if an inmate were found to have engaged in sexual abuse. This evaluation would only be given to those inmates that were deemed mentally capable. However, this event and any follow-up would be sent to the home facility upon the inmates return once mentally stabilized. The evaluation procedures would consist of the administration of the MDOC's assessment tools, Static 99, to determine any relevant treatment need. There were no substantiated allegations of sexual abuse upon which the auditor could gauge facility practice at the time of the audit. Based upon an interview with facility mental health staff and policy requirements, the auditor determines compliance with this provision of the standard.

(e). This auditor reviewed agency policies 03.03.140, 03.03.105 and the PREA Manual. These policies contain language that is consistent with this provision of the standard to verify that inmates may only be disciplined for sexual contact with staff when there is a finding that staff did not consent to such contact. There were no examples at WCC of inmates being disciplined for consensual sexual contact with staff, allowing the auditor to determine compliance with this provision of the standard.

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

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

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). This auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. The standard of care is required to be consistent with community standards and is determined by the judgment of the practitioner. Interviews with mental health staff confirm that a response occurs within 24 hours of an allegation of sexual abuse. Medical staff confirmed that responses are conducted immediately.</p> <p>Through review of investigations, WCC demonstrates that it does consistently provide medical and mental health care to alleged victims of sexual abuse that is either consistent with the nature of their allegations for this provision of the standard. Random Staff, Administration, and Medical Contractors interviews indicated that if any offender has a medical or mental health emergency they are transported to the local emergency room.</p> <p>(b). WCC a mental health facility therefore a qualified medical and mental health practitioner are available 24 hours a day 7 days per week. If the practitioner recommends transportation WCC staff will take the appropriate steps to protect the prisoner and then qualified transportation staff will transport the prisoner to the University of Michigan Hospital for the appropriate medical care.</p> <p>Random Interviews with Staff, Inmates, and Administration indicated that standard 115.62 would be adhered to as immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender. Inmates indicated that they would feel comfortable reporting fear of sexual violence towards them or others to staff in the immediate areas.</p> <p>Based upon evidence of emergency services being provided according to the clinical judgment of healthcare professionals, the auditor finds compliance with this provision of the standard.</p> <p>(c). Based on the review of investigations and evidence of access to prophylaxis where clinically appropriate, the auditor is satisfied that WCC is in substantial compliance with this provision of the standard. PREA Analyst, PREA Coordinator, Administration, Medical Director, and Shift Captain indicated knowledge that this requirement must be met when an allegation occurs.</p> <p>(d). The auditor reviewed sample documentation provided, agency policies 03.03.140, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. Based on policy provisions, the auditor determines compliance with this provision of the standard.</p>

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). This auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. The standard of care is required to be consistent with community standards and is determined by the judgement of the practitioner. Interviews with mental health staff confirm that a response occurs within 24 hours of an allegation of sexual abuse. Medical staff confirmed that responses are conducted immediately.</p> <p>Through review of investigations, WCC demonstrates that it does consistently provide medical and mental health care to alleged victims of sexual abuse that is either consistent with the nature of their allegations for this provision of the standard. Random Staff, Administration, and Medical Contractors interviews indicated that if any offender has a medical or mental health emergency they are transported to the local emergency room.</p> <p>(b). WCC a mental health facility therefore a qualified medical and mental health practitioner are available 24 hours a day 7 days per week. If the practitioner recommends transportation WCC staff will take the appropriate steps to protect the prisoner and then qualified transportation staff will transport the prisoner to the University of Michigan Hospital for the appropriate medical care.</p> <p>Random Interviews with Staff, Inmates, and Administration indicated that standard 115.62 would be adhered to as immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender. Inmates indicated that they would feel comfortable reporting fear of sexual violence towards them or others to staff in the immediate areas.</p> <p>Based upon evidence of emergency services being provided according to the clinical judgment of healthcare professionals, the auditor finds compliance with this provision of the standard.</p> <p>(c). Based on the review of investigations and evidence of access to prophylaxis where clinically appropriate, the auditor is satisfied that WCC is in substantial compliance with this provision of the standard. PREA Analyst, PREA Coordinator, Administration, Medical Director, and Shift Captain indicated knowledge that this requirement must be met when an allegation occurs.</p> <p>(d). The auditor reviewed sample documentation provided, agency policies 03.03.140, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. Based on policy provisions, the auditor determines compliance with this provision of the standard.</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). Through interviews with the PREA Coordinator and staff that conduct the PREA Risk Assessments, it was determined that if an offender’s screening indicated previous victimization medical and mental health services were being offered to the offenders. Examples of referrals to health care and mental health were provided to this auditor for review.</p> <p>The auditor reviewed agency policies 03.04.140, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's approach to providing required medical and mental health services for victims of sexual abuse. Recent revisions to policy 03.04.140 and the PREA Manual have established intake risk screening procedures to assist in the identification of individuals qualifying for services under this provision of the standard.</p> <p>(b) This auditor reviewed agency policies 03.04.100, 04.06.180 and the PREA Manual, which combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with a facility medical director confirmed that a physician would examine an alleged victim and make appropriate decisions to treat injuries, infections, STIs, etc. An interview with facility mental health staff confirmed that an assessment would be made and applicable referrals for psychiatric medication and crisis stabilization would occur following an allegation.</p> <p>Through interviews with the PREA Coordinator, and staff that conduct the PREA Risk Assessments, it was determined that if an offender’s screening indicated previous perpetrated sexual abuse, medical and mental health services were being offered to the offenders.</p> <p>(c) Interviews with mental health staff confirm that services are delivered according to the clinical judgment of the practitioner. Due to immediate access to medical and mental health professionals and response times of reported allegations, WCC exceeds community levels of care. This auditor has determined compliance with this provision of the standard. Random Staff, Administration, Captain, and Medical Contractors interviews indicated that if any offender has a medical or mental health emergency they are transported to the University of Michigan Hospital or local emergency room.</p> <p>Through interviews with the PREA Coordinator, and staff that conduct the PREA Risk Assessments, it was determined that if an offender’s screening indicated previous victimization medical and mental health services were being offered to the offenders.</p> <p>(d) The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. WCC does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with this provision of the standard.</p> <p>(e) The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and</p>

comprehensive information and access to all lawful pregnancy related services. WCC does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with this provision of the standard.

(f) The auditor reviewed agency policy 03.04.100 and the PREA Manual, which state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate with respect to this provision of this standard. Although noted under provision (a) that evidence does exist to demonstrate that some allegations involving sexual abuse without penetration (i.e. pat search related allegations) or sexual abuse without contact (sexual threats) eluded medical and mental health referrals; the auditor found no evidence that allegations involving penetration that were not appropriately referred for medical services. A sampling of documentation verifying prisoner's testing for Sexually Transmitted Diseases was provided to this auditor for review.

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

(h) The PREA Manual, which was reviewed by this auditor, states that within 60 days of learning of prisoner on prisoner abuser, the facility mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. Mental health staff reported during an interview that evaluative procedures are in place to address known inmate-on-inmate abusers for applicable treatment modalities. Based on policy provisions and review of referral and follow-up, this auditor determines compliance with this provision of the standard. Interviews with the PREA Coordinator and Shift Captain indicated knowledge that this requirement must be met when an allegation occurs.

115.86	Sexual abuse incident reviews
	<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 1469 573">(a) The auditor reviewed the PREA Manual, which establishes the requirement that form CAJ-1025 be completed to document the Sexual Abuse Incident Review for allegations of sexual abuse that are substantiated or unsubstantiated. In a review of sexual abuse investigations at WCC determined to be substantiated or unsubstantiated, a sexual abuse incident review was completed in all sampled investigative files to demonstrate substantial compliance with this provision of the standard.</p> <p data-bbox="252 629 1445 741">(b). Through this auditor's review of relevant investigations, the auditor finds that WCC is in compliance with this provision of the standard as reviews were conducted with in the 30 day timeframe.</p> <p data-bbox="252 797 1477 1088">(c). This auditor reviewed incident review's conducted at WCC and found that the facility did involve upper-level managers, investigators and line supervisors. A mental health manager and a health services manager were part of the review team. Interviews with the Warden and facility PREA Coordinator confirm that upper level managers are part of the review team and input is considered from multiple angles, to include medical and mental health practitioners. Based on interviews and incident review documentation, this auditor finds compliance with this provision of the standard.</p> <p data-bbox="252 1144 1477 1603">(d). Agency form CAJ-1025, which was reviewed by this auditor, mirrors the standard language to confirm that the facility must consider the six factors required by this provision of the standard in order to complete the agency review form. Interviews with the Warden and facility PREA Coordinator confirms that the WCC review team considers the six factors enumerated under this provision of the standard in its review process. Recommendation for best Practice: that the responses to the six factors be more detailed on the report to include committee discussions. While the auditor was unable to find evidence of action taken as a result of these incident reviews, the Warden stated that any recommendation would be considered for implementation should an identified training need or security need be raised by applicable disciplines within the review process. Based on interviews and policy, this auditor determines compliance with this provision of the standard.</p> <p data-bbox="252 1659 1477 1939">(e). As noted under provision (d) of the standard, the facility's review committee has not made any documented recommendations for improvement. The auditor reviewed the agency PREA Manual and language exists that mirrors the standard. This auditor suggests that all incident reviews, whether a recommendation is made or not, be sent to the PREA Administrator for review. This review may include recommendations being sent to the facility based upon the incident review, Based on policy provision and an interview with the Warden, the auditor determines compliance with this provision of the standard.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This Standard was audited at the Agency Level. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.</p> <p>(a). The PREA Manual states that the Department PREA Administrator gathers data on each reported incident to aggregate an annual incident report. Through an interview with the PREA Administrator, it was identified that all allegations are entered into the Department’s investigative data base so that uniform data can be obtained. The agency has a standard definition of sexual abuse and sexual harassment contained within its PREA Manual that guides data collection consistent with this provision of this standard.</p> <p>(b). As noted within the agency audit, the agency prepares an annual statistical report that is published on the agency’s public website consistent with this provision of this standard. This report aggregates information collected through the investigatory database and provides comparative summaries to the previous year’s data. The agency began its commitment to PREA compliance in 2014, therefore, statistical information only exists for 2014 and 2016 at the time of this audit.</p> <p>(c). As noted within the agency audit, the agency’s annual PREA statistical report for 2016 and its surveys of sexual violence for 2013 through 2016 are posted on the agency’s website to demonstrate compliance with this provision of the standard. The data collected allowed for the answering of all questions required by the Department of Justice’s surveys.</p> <p>(d). As noted within the agency audit, the agency’s investigation database is utilized to collect data. Additionally, the agency PREA Administrator receives a courtesy copy of all facility based sexual abuse incident reviews to collect data consistent with this provision of the standard.</p> <p>(e). As noted in the agency audit and within this audit, the agency does not contract with other entities for the confinement of its inmates; therefore, there is no aggregate data to collect, making the agency compliant with this this provision of the standard.</p> <p>(f). As noted in the agency audit, the agency prepares its annual PREA report prior to June 30th so that it may have such information available to the Department of Justice upon request in compliance with this provision of the standard.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard was audited at the agency level; however, will be addressed in part within this report.</p> <p>(a). As noted within the agency audit, the agency prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse. The agency's 2016 report identified its efforts to continue training Department investigators, the inmate population and expanded reporting options for 3rd parties. The agency also reported that it began conducting PREA audits of its facilities during 2015, with the goal of enhancing compliance until all facilities in the agency have been audited, consistent with this provision of this standard.</p> <p>(b). As noted within the agency audit, the agency's 2016 annual PREA report compares data from 2015. The 2016 annual report does summarize the agency's progress with achieving PREA compliance at its facilities, citing its training efforts and audit progress as steps to enhance compliance consistent with this provision of this standard.</p> <p>(c). As noted within the agency audit, the audit report is approved by the agency head and the auditor confirmed that the annual report is published on the agency's website consistent with this provision of this standard.</p> <p>(d). As noted within the agency audit, the agency does not redact information from its annual report consistent with this provision of this standard.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a). As noted within the agency audit, the MDOC establishes procedures within its PREA Manual to direct that data must be securely retained. The agency PREA Administrator reported that he alone has access to the agency’s overall data pool for PREA. There are a limited number of upper-agency administrators above the PREA Administrator’s rank who would have access to the agency investigation database. These procedures are consistent with this provision of the standard.</p> <p>(b). As noted within the agency audit, the agency’s annual PREA statistical report for 2016 and its surveys of sexual violence for 2013 through 2016 are posted on the agency’s website to demonstrate compliance with this provision of the standard.</p> <p>(c). As noted within the agency audit, the agency’s reports that are published on the agency website do not contain personally identifying information, consistent with this provision of the standard.</p> <p>(d). The agency’s PREA Manual specifies that data collected pursuant to 115.87 is retained for at least 10 years. The agency maintains its Surveys of Sexual Violence and annual PREA reports on its website. The SSV reports cover the four most recent years since the MDOC committed to PREA compliance and its most recent annual statistical reports since committing to PREA compliance in 2014 consistent with this provision.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.</p> <p>(a). During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. MDOC did not complete sufficient audits the first audit cycle, the Governor acknowledged that grant monies would be used toward PREA Compliance. They have been on track since August of 2016 in order to comply with this standard provision.</p> <p>(b). During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. MDOC had 1/3 of its facilities (11) audited the first year and are on track for the same this audit year. This is WCC first PREA Audit.</p> <p>(h-n). WCC was very accommodating during the pre-audit, audit, and provided access to all matters requested. The facility provided the auditor full access to all areas of the facility to demonstrate compliance with provision (h) and (m) of the standard. The auditor was provided copies of all documents requested to demonstrate compliance with provision (i) of the standard. The auditor was able to conduct private interviews with staff, inmates, volunteers, and contractors.</p> <p>Confidential information from inmates was received for review by this auditor to demonstrate compliance with provision (n) of the standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This auditor did access the public website and noted that there are 16 Audits posted from 2015-2017. The reports are located at http://www.mdoc.ms.gov/Divisions/Pages/PREA-Audit-Reports.aspx</p> <p>This Standard was audited at the Agency Level by DOJ Certified PREA Auditor Carol Mattis. The Final Report was issued on December 16, 2016 and I have reviewed the report in its entirety.</p> <p>To date, the agency has demonstrated that it is willing to publish all audit reports on its public website. At the time of this audit, the agency had published all previous audit reports to its website.</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 OR the response to 115.12(a)-1 is "NO".)	na

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

	consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	
	Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ?	yes

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

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

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

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

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

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

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

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.)	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

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

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a: Referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Request?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	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?	no
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	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 a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.87 (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.)	na

115.401 (b)	Frequency and scope of audits	
	During each one-year period starting on August 20, 2013, 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?	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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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