

# PREA Facility Audit Report: Final

**Name of Facility:** Bay Pines Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/11/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert Manville	<b>Date of Signature:</b> 12/11/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Manville, Robert
<b>Email:</b>	robertmanville9@gmail.com
<b>Start Date of On-Site Audit:</b>	10/25/2023
<b>End Date of On-Site Audit:</b>	10/26/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Bay Pines Center
<b>Facility physical address:</b>	2425 N 30th Street, Escanaba, Michigan - 49829
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Sean Allen
<b>Email Address:</b>	allens19@michigan.gov
<b>Telephone Number:</b>	2692614897

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Pat McKeage
<b>Email Address:</b>	mckeagep@michigan.gov
<b>Telephone Number:</b>	9067891232

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	32
<b>Current population of facility:</b>	31
<b>Average daily population for the past 12 months:</b>	30
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Females
<b>Age range of population:</b>	12-20
<b>Facility security levels/resident custody levels:</b>	Secure
<b>Number of staff currently employed at the</b>	49

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	9
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	15

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Michigan Department of Health and Human Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	235 S Grand Avenue, Suite 1315, Lansing, Michigan - 48933
<b>Mailing Address:</b>	
<b>Telephone number:</b>	5172813605

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Soleil Campbell	<b>Email Address:</b>	campbells6@michigan.gov

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

**Number of standards exceeded:**

5

- 115.333 - Resident education
- 115.341 - Obtaining information from residents
- 115.381 - Medical and mental health screenings; history of sexual abuse
- 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.388 - Data review for corrective action

**Number of standards met:**

38

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-10-25
2. End date of the onsite portion of the audit:	2023-10-26

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Tri County Safe Harbor

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	32
15. Average daily population for the past 12 months:	30
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	29
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>6</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>49</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>15</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>6</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>9</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Age  <input type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>I interviewed youth from all of the housing units.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	6
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Prior to the selection of youth to interview, the medical, clinical director and facility administrator were interviewed as a group. The clinical staff reviewed the PREA screening. Based on the interview and screening it was determined there were no disabled youth assigned at the center on the dates of the on-site audit.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Prior to the selection of youth to interview, the medical, clinical director and facility administrator were interviewed as a group. The clinical staff reviewed the PREA screening. Based on the interview and screening it was determined there were blind or have low vision youth assigned at the center on the dates of the on-site audit.</p>

<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Prior to the selection of youth to interview, the medical, clinical director and facility administrator were interviewed as a group. The clinical staff reviewed the PREA screening. Based on the interview and screening it was determined there were no youth assigned to the center that were deaf or hard-of-hearing.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Prior to the selection of youth to interview, the medical, clinical director and facility administrator were interviewed as a group. The clinical staff reviewed the PREA screening. Based on the interview and screening it was determined that all youth at the center spoke English.</p>

<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Prior to the selection of youth to interview, the medical, clinical director and facility administrator were interviewed as a group. The clinical staff reviewed the PREA screening. Based on the interview and screening it was determined to claim sexual abuse during the on-site audit.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no youth assigned to a segregated area. During the tour of the center all youth were out of their rooms, participating in normal activities.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>8</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff



	<input type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Michigan PREA Analyst.
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.
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**SITE REVIEW AND DOCUMENTATION SAMPLING**

**Site Review**

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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**Was the site review an active, inquiring process that included the following:**

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

Bay Pines Center is a publicly operated, secure 32-bed treatment facility for female juveniles between the ages of 12 and 20 years who have been adjudicated for one or more felony counts. The center offers specialized treatment programs for addictions/substance abuse and juveniles with co-occurring mental health issues. All services are provided in a secure environment where treatment can take place while assuring the community a high level of security.

The main Bay Pines facility is located in an icosahedron sided building. Its core is a rectangle, which houses the gym, men's and women's locker rooms, clothing storage room, gym storage and the medical area, which includes a pharmacy, medical examination, and dental room. The medical examination allows youth to be examined without non-medical persons being able to view the youth. There are four housing areas with single cells, a restroom and shower in each area. There is a Program Manager office to allow staff to observe each area.

The intake area includes a shake down room that is protected from being viewed by staff not involved in the search.

Beyond the intake area is a series of staff offices, including a server room and two isolation rooms. There is a glass walled reception office, which is situated to monitor the lobby and visitor area. Opposite the visiting rooms are the staff locker room, restrooms and a corner office. The conference room is located next to the office equipment area.

During the tour, the Auditor reviewed PREA related documentation and materials located on bulletin boards and other locations. The Auditor assessed camera surveillance, physical supervision and electronic monitoring capabilities. Other areas of focus during the facility tour included, but were not limited to, levels of staff supervision and limits to cross-gender viewing. All signs and postings were in both English, Spanish and Arabic. Informal and formal conversations

with employees and residents regarding the PREA standards were conducted. Postings regarding PREA violation reporting and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, meeting areas and throughout the facility.

Audit notice postings with the PREA Auditor's contact information were posted in the same areas. The Auditor notice postings were posted 6 weeks prior to the on-site visit. Unimpeded access to all areas of the facility was provided to the Auditor.

Posted signs were also observed regarding Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, The Safe Harbor number and address, Children's Protective Services hotline. Posting included PREA brochure, End the Silence, and additional PREA posters identified in the standards. There is an office that is utilized by the youth to make these phone calls. The youth's attorneys and parents can utilize this same phone in emergency or legal information. The auditor called all the above numbers from a telephone that is in the office area. All telephone calls were answered. The CPS indicated they would notify the local CPS program and Center administrator if this were a "real call". The Tri County Safe Harbor asked if I wish to speak with a victim advocate for emotional support.

Youths were observed interacting with staff under staff's direct supervision during dinner time, leisure activities, and education activities in the classrooms. The youth were interviewed during the tour. All youth indicated they felt safe at the facility. Staff were engaging with the auditor. Several of the staff have been at the facility since the first implementation of PREA and provided a historical perspective of how the facility had implemented PREA into a cornerstone of training and programming. The first PREA audit of the facility was in 2014. A review of logbooks and records revealed documentation

of safety and PREA rounds. The Facility director makes continuous rounds throughout the center. Staff announce their presence prior to entering a dormitory housing youth of the other gender.

Master-level therapists provide individual, and group therapeutic sessions and master-level education staff provide a variety of academic opportunities to help the residents succeed. The center staff were interviewed during the tour and provided a wealth of knowledge about PREA. They indicated that training occurs at least once a week and all staff meetings once a month that includes a PREA scenario presentation.

All youth interviewed indicated that they felt safe and supported by staff at the center. The overall impression of the center was that it is a safe environment for staff and young people.

### Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

- Yes
- No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

Inmate Files Reviewed: There were 10 youth records reviewed. These records included the following information.

- Identification Number
- Date of Birth
- Date of Arrival
- Date of Screening
- Date of Follow-up Screening
- Date of Initial PREA notification
- Date of PREA orientation/ education
- Date of notification to MH referrals:

4 Mental Health evaluations from screening were reviewed.

Employee/Contractor Background Checks: Six (6) background clearance files including newly hired staff, staff that had been promoted, employees that had over five years tenure at the facility and two (2) contractors. 8 PREA questionnaire for staff/ 3 new hire/2 promotions/4 annual appraisal.

Ten training files for staff were reviewed. All training has been completed in the last 12 months: The center also provided the auditor with sign in sheets of refresher training through the year.

**Investigative Files**

There were 2 investigative reports provided for the auditor to review. The reports were on sexual abuse, sexual harassment and included administrative investigation. These files included interviews, findings, retaliation monitoring, incident review team report, notification to youth and a general investigation worksheet.

**Unannounced Rounds:**

The logbooks and computerized unannounced rounds were reviewed in each housing unit and the control room. The facility was asked for and provided the unannounced round located in three random control rooms on a specific date

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

### 92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	1	1	1	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	1	1	1	1



**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	1	0	1	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	1	0
<b>Total</b>	0	0	1	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	1
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<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

**Staff-on-inmate sexual harassment investigation files**

**111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** 1

**112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

There was on allegation of sexual abuse reported by a staff. The State Police and facility conducted the investigations. It was determined not to be sexual abuse, instead and was determined to be consensual. Both youth indicated they had kissed when getting off the transport bus and had touched the outer clothing. Therefore, there was no finding of sexual abuse.

**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

**115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

**Non-certified Support Staff**

<p><b>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**AUDITING ARRANGEMENTS AND COMPENSATION**

<p><b>121. Who paid you to conduct this audit?</b></p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p><b>Identify the name of the third-party auditing entity</b></p>	<p>Correctional Management and Communication Group</p>
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<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Children’s Services Org Chart</p> <p>Michigan Department of Health (MDH) Policy 560 Prevention of Youth Sexual Assault/Rape PREA</p> <p>Power Point Training Slides 5.</p> <p><a href="https://vimeo.com/183649683">https://vimeo.com/183649683</a></p> <p><a href="https://vimeo.com/183649668">https://vimeo.com/183649668</a> 7.</p> <p>Bay Pine Center Org. Chart</p>



115.311 (a): Michigan Department of Health (MDH) Policy 560 Prevention of Youth Sexual Assault/Rape PREA provides direction to staff regarding the facility's approach to preventing, detecting, and responding to conduct that violates the zero-tolerance approach regarding all forms of sexual abuse and sexual harassment. Definitions of prohibited behaviors of sexual abuse and sexual harassment are contained in Policy. It also includes sanctions for those found to have participated in the prohibited behaviors. The facility has additional policies which support the PREA standards. Michigan Department of Health (MDH) Policy 560 Prevention of Youth Sexual Assault/Rape PREA serves as the overarching PREA Policy for the contract facilities.

Policy 560 includes PREA related definitions and prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. The Michigan Children's Services is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The policy establishes that all facilities, staff, youths, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Youths with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those youths who have intellectual disabilities, limited reading skills, blind or have low vision. Youths will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources.

Youths with disabilities have equal opportunity to participate in and benefit from all aspects of Bay Pine Center efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In interviews with clinical staff, the center has not only embraced PREA mandates but has adapted PREA standards and culture into the program model. It is the policy of Bay Pine Center that all sexual activity between youths is prohibited and may result in Disciplinary action for such activity. Incidents by youth in which youth may engage in sexual contact with staff such as unwanted touching, the youth may receive programmatic sanctions. For the purpose of Disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.311 (b): Michigan Department of Health (MDH) employees a PREA Coordinator that oversees the efforts to comply with the PREA standards in all Juvenile Facilities under the umbrellas of Division of Youth Services. The PREA coordinator that reports to the Division Director indicated she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The agency also employs two PREA Analyst to assist centers in complying with PREA standards. Compliance managers that indirectly report to the PREA coordinator.

115.311 (c): The Compliance Manager has sufficient time and authority to

	<p>coordinate the facilities In an interview with the facility manager, he indicated he had the time and resources to perform his duties. He indicated in the interview that he has the ability to contact the State PREA Analyst and center administrator.</p> <p>Compliance was determined by review of the agency policy, and interviews with agency head, PREA coordinator, PREA analyst, Facility Director and PREA compliance manager.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Michigan Department of Health Policy 560 Prevention of Resident Sexual Assault/ Rape PREA</p> <p>Contract PREA Audits</p> <p>Division of Children’s Services Contracts include specific information to the contractors of the requirements by the Children’s Services to comply with the PREA Standards and participate in PREA audits. The practice was also confirmed by completed PREA audit reports for this facility and other contract sites. In interview with the PREA coordinator, she indicated she has a staff member in her office the monitors private contracted centers including announce and unannounced on-site monitoring. By visiting the Michigan Department of Health website, the auditor was able to review three private facility audits for the last cycle and conducted audits of two private operated juvenile centers in Michigan.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Staff to youth ratio docs</p> <p>MDH Policy 560 Prevention of Resident Sexual Assault/Rape PREA</p> <p>Monthly Schedules</p>

Youth Daily Rosters

PREA Pre-Audit questionnaire

Master Roster W Position-2022

Staffing Plan Review - PREA 2023

PAQ

Unannounced Rounds

115.313 (a): Each year the facility reviews staffing and the need for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in February 2023 were found to be in compliance with this standard. The staffing plan included: 1) Generally accepted detention and correctional/secure youth 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 youth may be isolated). (6) The composition of the youth 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. The facility did not report deviations from the staffing plan during the past 12 months. According to the PAQ the staffing plan is based on 32 young people. Based on conversations with the PREA coordinator and facility administrator it was obvious that the facilities review all areas of the center for additional staffing based on the youth movement in order to meet the requirement of this standard. The direct care staff were noted to be located throughout the center during the tour. At least once every year, the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan, to ensure compliance with the staffing plan. The Bay Pine Center staff schedules reviewed indicated that the facility has a variety of shifts for the Group Leaders and Youth Specialists that provides for adequate levels of staffing, and monitoring, to protect youths against sexual abuse and meet the centers youth to staff ratios.

115.313 (b): The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. During the pandemic the center had to pay overtime and utilize some non-essential staff in order to provide staff that ensured appropriate staff were available to meet the mandatory posts. While the center is not fully staffed, the administrator indicated the center has an overtime schedule for staff to ensure that the center meets the correction youth to staff ratios. The facility Policy states in the event that the staffing ratio is unable to be

maintained during exigent circumstances, the deviation must be documented. The facility documents there have been no deviations to the staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan.

115.313 (c) Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The facility administrator provided a daily roster that indicates the staffing utilized during the prior 24 hours. The facility's plan strives to maintain staffing ratios of a minimum of 1 staff to 8 youth during youth waking hours and 1 to 16 during youth sleeping hours. The facility has not had in deviation in the ratios mandated by MDH Policy 506. The facility has a holdover and overtime pay program to provide coverage as required. Staff interviewed indicated they are not allowed to abandon their post until properly relieved. The agency requires that all centers always have a minimum of two awake and alert staff on site.

115.313 (d): MDH Policy 560 PREA mandates that the staffing plan will be reviewed and approved by the PREA coordinator at least yearly. The approved staffing plan for Bay Pine Center was completed in February 2023. The plan is based on 42 youth. A review of the policy, the facility Staffing Plan and the unannounced procedures, it was determined that the facility has assessed, determined, and documented whether adjustments were needed to the staffing plan established pursuant to paragraph (a) of this section over the past 12 months.

115.313 (e): The Facility administrator and PREA compliance manager conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Each shift supervisor makes rounds several times during each shift. It is the policy of MDH that staff are not to inform other staff when the shift supervisor, facility manager or regional administrators are making rounds. During the tour the auditor reviewed the logbooks in all housing units and noted that the shift supervisor, and facility administrator had signed to logbook a minimum of one a day for the last three-week excluding weekends. Shift supervisor had signed the logbooks on each day including weekends.

Throughout the audit the auditor made rounds throughout the facility. The ratio during the daytime was one to four on each visit. The tour for the overnight shift had a ratio of 1 to 6.

Compliance was determined by review of policies, documentation, and interview with staff. During the audit the auditor visited all areas of the facility throughout the audit. During the visit the auditor counted the number of youths and number of staff in each area. The facility exceeded the requirement of youth to staff ratios during each visit.

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

MDH Policy 511 Searches

MDH Policy 560

Female and Male Announcements Training on Cross gender -gender

Cross gender and Transgender Pat-Down Course training guide

115.315 (a): Based on interviews with staff and youths there have been no cross-gender pat down searches in the last 12 months. MDH Policy 511 Searches provides that when necessary and with approval of the appropriate supervisor, a search may be conducted by a physical view of the youth and search of youth's clothing. Youth interviewed indicated they have not been past searched while at Bay Pine Center. Strip Searches are conducted when the youth arrive at the center. Strip searches are completed in a private area with two staff of the same gender conducting the search. MDH Policy 511 Searches prohibits cross-gender strip searches and cross-gender visual body cavity searches. There is no evidence of cross-gender strip searches or cross-gender visual body cavity searches occurring at the facility. Based on the review of the Pre-audit questionnaire and according to the Facility Manager, no such searches have been conducted.

115.315 (b): Search Procedures mandates the facility always refrain from conducting any cross-gender pat down except in exigent circumstances. All staff interviewed indicated they have never conducted a cross-gender search. All youth interviewed stated they had never been searched by a staff of the other gender.

115.315 (c): The facility had no youth that claimed to be transgender prior to the interviews. According to the PAQ there were no cross-gender searches during the last 12 months. Staff interviewed indicated that while they had seen the video on cross-gender searches they have not conducted any pat searches while working at the center. If they feel the youth has something in his pocket, they will ask the youth to pull out his pocket. If he refused, they would stay with the youth and go to the group leader and they would discuss the options.

115.315 (d): A tour of the center found that all areas that are utilized for housing youths have necessary barriers to allow youth to shower without being viewed by person of the opposite gender and privacy from other youths during the showering process. Bay Pine Center showering procedure requires that staff position themselves so they can't see the youths totally naked. All youth stated they are allowed to change clothes and shower in private. Staff and youth confirm that staff announce their presence when entering the living unit.

	<p>115.315 (e): MDH Policy 560 prohibits searching or physically examining a transgender or intersex youth for the sole purpose of determining the youth's genital status. Policy mandates that if a youth's genital status is unknown, the facility determine genital status during conversations with the youth, 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. The center houses female youth including two transgender youth at the time of the audit. Each of the transgender youth indicated they had not been searched since the initial strip search and were given the option of staff to conduct the initial and subsequent searches.</p> <p>115.315(f): A review of the staff training plan includes intervention techniques and standards required to be utilized prior to conducting any searches. Interview with random staff confirmed they had received training on intervention techniques. This training included conducting cross gender searches in a professional and respectful manner. In interviews with staff several indicated they had not been trained on cross gender searches. Male staff indicated they do not ever search a female youth regardless of the situation. A corrective action plan was required. The State PREA analysis provided documentation that all staff had received the required training through video and classroom discussion of the center's search policy.</p> <p>The center does visual searches and clothing searches, however does not do touching searches. They may use a wand or have youth to pull out their pockets and may ask them to remove outer garment such as jacket to search.</p> <p>Compliance was determined by review of policies, watching the cross-gender video, and interview with youth and staff.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>PREA Posters and related PREA Education material provided in English, Spanish, and Arabic</p> <p>MDH Policy 560 PREA</p> <p>APB Policy 113 Interpreter and Translation Services</p>

Linguistica International Inc.

Master Word Services, Inc.

Bromberg Associates Language Services, LLC

115.316 (a)(c): MDH Policy 560 and Individual Education Program – Special Education mandate facilities will ensure that youths with disabilities (e.g., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facility’s efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps will include, when necessary to ensure effective communication with youths who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. BPC will ensure that all written materials to every youth is in format or through methods that ensure effective communication with youths with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Facilities will not rely on youth readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth’s safety, the performance of first-response duties, or the investigation of the youth’s allegations. Any use of these interpreters under these type circumstances will be justified and fully documented in the written investigative report.

Youths receive information explaining the agency’s zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the appropriate manner, taking into consideration age, disabilities, sexual orientation, and language. The facility has a youth manual that is child friendly that is used to explain PREA to youths. The comprehensive education is accessible to all youths, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the youths who have limited reading skills. If the youth report a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resource. The special education teacher interview indicated that special needs youth would be provided with the services through an IEP which would include youth that are not academically special education but needed special services such as a sign language staff to function at the center.

Bay Pine Center will take such steps to provide reasonable accommodations as are necessary to ensure that disabled persons, including those with impaired sensory, hearing or speaking skills receive effective notice concerning benefits, services, or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice, e.g., sign-language interpreters, readers, or through other auxiliary aids, shall be provided within the service limits and availability of qualified/certified interpreters provided under contractual service without cost to the person being served.

Family members or friends of the youth may not be used as the sign language

	<p>interpreter, unless specifically requested by that individual. Other youth may not be used to translate.</p> <p>115.316(b): The facility has a contract for language services including sign language services. Staff would read all information required for an orientation into the facility and the comprehensive PREA training for youths that can't read. All the youths interviewed were able to articulate the training programs, recall the intake process and felt safe at the facility. At the time of the audit there were no youths that required additional resources to receive training, reporting, or other communication requirements. Whenever communication accommodations are needed, the facility administrator and education staff is responsible for arranging for an interpreter or the use of another auxiliary aid to ensure reasonably prompt and effective communication with the youth.</p> <p>The center has a proactive special education program that includes 504 plans for any youth that may be in need of auxiliary services to communicate effectively with staff or other youth. One youth that is artistic indicated she had staff that read and discussed PREA with her when she arrived at the center.</p> <p>Compliance was determined by review of policy, language line contract, and interviews with group leader, education staff, facility administrator.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA</p> <p>Juvenile Residential Manual Section 100 Screening and Ongoing Checks for staff</p> <p>Internet Criminal History Access Tool (ICHAT)</p> <p>Staff file Review (background, child registry, annual appraisal and five-year tenure)</p> <p>115.315 (a): The Bay Pine Center shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who. 1. 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). 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of</p>



force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in 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. 4. The center shall 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 youth. The center shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. The center shall require the following background checks on all staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with BPC. In order to accomplish this task all personnel files and background checks are conducted by the Agency's Central office. The Background Check Email Clearance Notification to facility: Facility submits hiring recommendation or request to initiate volunteer/ contractor services along with application and reference checks to Michigan Department of Health and Human Services HR for approval.

- MDHHS HR sends approval for Facility to send the applicant for fingerprints.
- Background check results are received and reviewed by MDHHS.
- MDHHS HR sends a clearance email to the facility notifying them that the applicants background check is complete, and the applicant is cleared to begin work/providing services. During the last 12 months there have been eighteen (18) people hired that received the appropriate background checks.

Agency policy requires that before it hires any new employees who may have contact with youths, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.

115. 317 (b): The Agency Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to meeting with the board, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youths. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment

also address previous misconduct. The evidence shows the facility considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youths.

115.316 (c): Agency policy requires that before it hires any new employees who may have contact with youths, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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. The human resources staff indicated in interviewed and confirmed by reviewing personnel files that she conducts a reference check on all prospective employees. This check includes any past history of sexual abuse, sexual harassment including sexual harassment toward other staff.

115.317 (d): BPC shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. There were eight (8) contractors that had background checks in the last 12 months.

115.317 (e): BPC conducts annual appraisal on all staff, volunteers, interns, and contractors yearly. This appraisal includes the PREA questionnaire described in paragraph (a) of this standard.

115.317 (f): The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. The facility does a yearly staff appraisal and sexual abuse, or sexual harassment is part of that appraisal.

115.317 (g): Juvenile Residential Manual Section 100: Background Checks under Criminal Record mandates that employees and volunteers will report any arrest, which include any notice to appear in court for a criminal Charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. Failure to report may result in disciplinary action up to and including termination. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.317 (h): Unless prohibited by law, the agency shall 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. The interview with the Human Resource staff and review of the PRM the facility with coordinate with the Office of Labor Relations to provide this information if requested to do so.

Based on the review of the documentation and the interview with the Facility Manager and Human Resources staff the facility is in compliance of all provisions of this standard. The agency personnel director provided the background checks of all staff employed at Bay Pine Center.

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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	There have been no upgrades or expansion of the physical plant since the last update. There were no other needs noted in the yearly review for staffing or monitoring.

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA</p> <p>PREA Youth Posters</p> <p>MOU with Tri County Safe Harbor</p> <p>MOU with Michigan State Police</p> <p>115.321 (a): Investigating PREA Allegations policy and guidelines establishes that the evidence protocol to be utilized in sexual assault cases involving youths to be developmentally appropriate and to mirror the U.S. Department of Justice Office of Violence Against Women’s “A National Protocol for Sexual Assault Medical Forensic Examinations for Adults/Adolescents.”</p> <p>115.321 (b): and (F): The Department does not conduct criminal Investigation of Sexual Abuse or Sexual Harassment. Investigations for youth related sexual abuse reports that are criminal or investigative by the Michigan State Police. MHHS has an MOU with Michigan State Police.</p> <p>To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth and as appropriate, shall be adapted from or otherwise based on the most recent edition</p>

	<p>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.</p> <p>Policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. Staff interviews confirmed an understanding of the facility’s protocol for obtaining usable physical evidence if a youth alleges sexual abuse and knowledge of the entities responsible for conducting investigations.</p> <p>115.321 (c): The agency shall offer all youths who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost. Such examinations shall be performed by Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The facility has an MOU with a Tri County Safe Harbor Program to provide Victim Advocacy Services and Bay Pine Center clinical staff are trained to provide these services if requested or if no advocate is available. The PREA auditor called the victim advocate program and discussed their role as victim advocates. The advocate program indicated they had a working relationship with St. Francis Medical Center.</p> <p>115.321 (d)(e): The center has an MOU with Tri County Safe Harbor to provide victim advocacy services.</p> <p>115.321 (h): The agency has a MOU with Tri County Safe Harbor that provides qualified staff to provide victim advocacy services. The staff at the program was interviewed and verified that all staff working with the program undergo training on providing victim advocacy services during a SANE or during a law enforcement investigation.</p> <p>The facility is in compliance with the standard by review of the policies, processes, and interviews with Victim Advocate, Saint Francis Medical Center and facility Investigator.</p>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560</p> <p>Sexual Abuse Checklist</p>

Investigative Files Review

115.322 (a & b) MDH Policy 560 provides that centers shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Policy directs staff to report all allegations of sexual abuse and sexual harassment and to document the reports.

Bay Pine Center nor does the agency conduct criminal investigations for youths related to any allegations that are criminal in nature or rise to the level of criminal during the administrative investigation. There were two administrative investigations during the last 12 months. One was investigated was for sexual harassment and was investigated by facility trained investigation. The other allegation was determined to be consensual sexual activity. It was referred for investigation and was determined to be consensual kissing and was not criminal in nature.

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. (b) The protocol shall be developmentally appropriate for youth and as appropriate, shall be 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. Policy provides for the uniform Protocols to be followed. The Protocol is outlined regarding appropriateness for youth and adults. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a youth alleges sexual abuse and knowledge of the entities responsible for conducting investigations. Staff indicated that the youth would be placed in a safe area and would be requested not to change clothing, use the restroom, brush teeth or shower. The area would be secured, and no one would be allowed in the area until local law enforcement arrives to remove all crime scene evidence.

115.322 (c): MDH Policy 560 and staff training mandates that that staff will secure the scene, not let the victim or predator change clothing, brush teeth, use the restroom or shower. The facility will assist the investigator in making available video and other material as requested. There has been no allegation that was referred for administrative and criminal investigation during the last 12 months.

Compliance was verified by reviewing policies, investigative files, instituting internal controls, and interviews with the PREA compliance manager and facility administrator.

**115.331 Employee training**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

DHS Policy 560 PREA

PREA Training Course curricula

PREA Instructor Course

PREA training 2022

Cross Gender Training Corrective Action Plan

115.331 (a): The Bay Pine Center utilized DHS Employee training and augmented the training for the specialized youths' programs components. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policy and training documents. The documents and staff interviews supporting refresher training are also conducted and are documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All staff members interviewed, and documentation reviewed verified the general topics below were included in the training: 1. The center Zero Tolerance Policy for sexual abuse and sexual harassment. 2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 3. Youths' right to be free from sexual abuse and sexual harassment. 4. The right of youths and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. The dynamics of sexual abuse and sexual harassment juvenile facilities. 6. The common reactions of juvenile victims of sexual abuse and sexual harassment. 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between youths. 8. How to avoid inappropriate relationships with youths. 9. How to communicate effectively and professionally with youths, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming youths. 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11. Relevant laws regarding the applicable age of consent. The training is extremely thorough in each standard and application of the standards. 12. All staff receive training on cross gender searches as well as searched transgender of intersex youth in a professional manner. In interviews with staff a sufficient number of staff were not sure if they had received the training on cross gender searches and several could not articulate how to search transgender youth. A corrective action plan included retraining staff on conducting cross gender and transgender youth. The center provided documentation to the auditor verifying all staff had received the training.

115.331 (b): Such training shall be tailored to the unique needs and attributes of youths of juvenile facilities and to the gender of the youths at the employee's facility. All employees receive training that includes managing and communicating with male and female youths. The facility houses female youths. The training considers the needs of the population as determined by a review of training curricula and interviews with random staff. The agency training for all staff also includes working with LGBTI youth in DHS facilities. Additionally, the agency has developed training for First Responder duties and responsibilities.

115.331 (c): The agency provides each employee with refresher each year to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In recent years the yearly in services added a video on conducting cross gender or persons frisk searches (pat down). All staff are required to complete this training. The training roster and training records were reviewed and documented this training for staff working at Bay Pine Center. Additional training is provided at the facility for the onsite training staff. A review of the topic included an additional refresher to most topics found in the training curriculum. The agency Policy addresses PREA-related training for staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. Interviews with non-direct care staff and contracting staff and files of non-direct care and contracting staff confirmed that all staff working at Bay Pine Center receive the same training. Policy and procedure mandate that staff are trained a minimum of once each year. All staff indicated they had to complete preservice prior to working with any youths. Several stated they had to shadow staff for at least two weeks after receiving their preservice training. Group Leaders or Clinical staff provide additional training for all staff and youth on an ongoing basis.

115.331 (d): The agency document training, through employee signature or electronic verification that employees understand the training they have received. The policy provides for all training to be documented. Staff members sign training rosters and training acknowledgement statements. A checklist is utilized for orientation training for all new employees and contains the elements of PREA training. The facility provided the Auditor with several examples for verification of the training occurring and the training was verified through staff interviews. PREA training is provided to staff, as indicated by a review of policy and training documents. The documents and staff interviews support refresher training is also conducted and is documented. The direct care staff interviewed and the PREA Compliance Manager reported the training is provided as required. All direct care staff members interviewed, and document reviewed verified the general topics below were included in the training: At the facility, it was evident through documentation, interviews, and observation of the day-today operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings.

The Bay Pine Center staff interviewed, and the Facility Administrator reported the training is provided as required. All staff members interviewed, and documentation reviewed by the auditor verified the general topics identified in the Agency PREA

	<p>Standard were included in their training. A corrective action plan was implemented The Policy, training materials, staff interviews, review of the training logs and acknowledgement statements verify the staff training occurs.</p> <p>There are Posters about Sexual safety located throughout the facility.</p> <p>Compliance was determined by reviewing preservice and in service training curriculum and a review of the training records of staff. An interview with staff also confirmed that they received the training and refresher training as mandated by policy.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Volunteers and General Contractors Training</p> <p>MDH Policy 560 PREA</p> <p>Training Sign in Sheets</p> <p>115.332 (a): Prior to having contact with the youths all volunteers and contractors receive training on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with youths, but all volunteers and contractors who have contact with youths shall be notified of the agency’s zero tolerance Policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. At the time of the audit the facility provided training for thirty two (32) contracting staff or volunteers.</p> <p>115.332 (b): All volunteers and contractors who have contact with youths shall be</p>



	<p>notified of the agency’s zero-tolerance Policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement containing the signature of the participant, date and confirming their understanding of the PREA information.</p> <p>A review of the training curriculum, and interviews with personnel staff and PREA compliance manager confirm compliance with this standard.</p>
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<b>115.333</b>	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA</p> <p>Youth Training and education</p> <p>PREA Brochures (Arabic, Spanish, and English)</p> <p>Special accommodations for disability</p> <p>Youth education sign in Youth training Education material</p> <p>Advocacy brochure 10 Youth Files</p> <p>115.333 (a): MDH Policy 560 provides all youths admitted receive information about the facility, including PREA education. According to the PCM an orientation will be provided on the day when youths are admitted to the facility. Policy provides that youths receive a comprehensive age appropriate PREA education session when youth are admitted to the facility. The results of the staff and youth interviews indicated the information provided to the youths is comprehensive and age appropriate. The intake staff’s interview revealed youths are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. The PREA education sessions includes Video and a review of the PREA Brochures. The youths sign acknowledgement statements confirming their receipt of the PREA information.</p> <p>A review of documentation showing dates and indicating youths’ participation in</p>

PREA education sessions confirmed the PREA education sessions occur. PREA-related information is provided to youth in policies and procedures, training and staff meetings.

115.333 (b): Youths receive information explaining the agency's zero tolerance Policy in an age-appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is in a format accessible to all youths, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the youths who have limited reading skills. The facility has the capability of providing the PREA education in formats accessible to all youths including those who may be limited English proficient; deaf; visually impaired, or otherwise disabled, and to youths who have limited reading skills. According to documentation and interview with Facility Director and the Assistant Facility Administrator, the local school system will assist with the provision of services for disabled and limited English proficient youths. If the youth report a deficiency or the staff are aware of a deficiency in any of these areas, they report to the supervisor the need for an additional resource. The supervisor notifies the facility administrator who will contact the appropriate community resource services including the local board of education. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on youth interpreters. Special needs youth are provided training that is age and maturity-based training per special needs.

115.333 (c): MDH Policy 560 requires that youths receive such education upon arrival or transfer at the facility and shall receive education upon transfer to a different MDH center to the extent that the policies and procedures of the youth's new facility differ from those of the previous center.

115.333 (d): The agency shall provide youth education in formats accessible to all youths, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youths who have limited reading skills. The facility has the capability to provide the PREA education in formats accessible to all youths including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the youth. Documentation was reviewed of a contracting service for language lines. Posted PREA information is in English and Spanish accessible to youths, staff, contractors, volunteers, and visitors. Staff interviews confirmed youths are not used as translators or readers for other youths. The facility staff indicated that the facility director, education supervisor and medical staff would work with the community resources to provide education to youths regardless of their limitations or disabilities.

(e): The agency shall maintain documentation of youth participation in these education sessions. A sample of signed acknowledgement statements were reviewed which supported the youths' involvement in PREA education sessions. The youths were aware of PREA information, including their rights regarding PREA, how

to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Intake staff were interviewed regarding PREA education for youths. Staff ensures youths' receipt of the information, including the youth signing the acknowledgement form. A review of ten youth files confirmed they acknowledged they received a PREA orientation during intake and comprehensive training within 10 days of arrival at the facility. In the last 12 months 47 youths received comprehensive training as indicated in the PAQ.

115.333 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to youths through posters, youth handbooks, or other written formats. The PREA education materials provide youths information on how to report allegations of sexual harassment and sexual abuse. A safety guide is provided to each youth to eliminate incidents of sexual abuse and sexual harassment. The guide provides educational information regarding sexual abuse and victims in a cartoon format. The youths revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member or telling a family. There was PREA educational documentation noted throughout the facility including the lobby, visitation and living units.

All youth interviewed formally and informally during tour and subsequent visits to the recreation area confirmed that their group leader and clinical staff talks to them on a daily basis about PREA. They indicated that the staff that conduct round will ask them questions about PREA. They also indicated that during their initial treatment team meetings the Clinical staff or center staff will talk about PREA with their parents. The center provides additional refresher training to all youth.

Exceed Compliance was determined by review of the agency policies, training curriculum, posters, and youth files and interviews with staff and youths.

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560</p> <p>Description of the NIC Investigation in a Confinement Setting Course</p> <p>Training Records for Facility Investigators</p> <p>115.34 (a): MDH Policy 560 mandates that in addition to the general training provided to all employees pursuant to §115.31, the agency ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators</p>

	<p>receive training in conducting such investigations in confinement settings.</p> <p>115.34 (b): The facility Investigators have completed investigating sexual abuse in a confinement setting and additional online training on investigating sexual abuse. Training includes Investigating Sexual Abuse through NIC training staff. The training curriculum was reviewed and included interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>115.34 (c): The facility has 2 investigators. The agency maintains documentation that the investigator has received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. In review of investigators' training files, investigators have completed this specialized training, as well as general training provided to all employees and documentation is maintained by the facility. In an interview with the facility investigators, they confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in the specialized training they received.</p> <p>Compliance was determined by review of the training curriculum, investigator training records, investigators certificate of completion, investigative reports, and interviews with PREA Coordinator, Agency Head, investigators, and facility administrator.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560</p> <p>Medical training Mental health training</p> <p>PREA-Mental Health and Medical Professionals Specialized training for medical and mental health</p> <p>115,335 (a) There were two mental health staff that that have received the training and documents in the training acknowledgement and interviews with the medical and mental health staff. At the time of the audit, the center was utilizing agency nurses. The nurse was interviewed and had not received the specialized training of medical professionals. The center advised the agency nurse supervisor that the</p>

	<p>training was required. Prior to the training the nurse resigned to take another position. The center at the present time does not have a nurse, however, the State PREA analysis has indicated that prior to working with youth nurses will receive the basic contract training and the specialized training required for medical staff.</p> <p>115.335(b): Forensic medical examinations are not conducted by the facility medical staff or mental health staff.</p> <p>115,335(c): It was evident through the medical and mental health staff interviews they had received the basic PREA training provided to all staff and the specialized on-line training offered by NIC. A review of the training documentation confirmed medical and mental health staff receives the required refresher PREA training on an annual basis.</p> <p>115.335 (d): The mental health staff completed the general and refresher training provided for all staff members. Since this a diverse population of youths the clinical staff provide additional training on de-excitation, suicide prevention, recognizing the needs of transgender youths, and sexual orientation, gender identify expression.</p> <p>A review of the training curriculum, acknowledgement documentation and interview with mental health staff confirmed that the staff have received specialized training and generalized training as required by standard. The center does not have a nurse at this time.</p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Screening procedures for PREA</p> <p>MDH Policy 560 PREA</p> <p>Youth PREA Screening Tool</p> <p>115.341 (a) and (b) MDH Policy 560 mandates that all youths will be interviewed using an objective Screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior within seventy-two (72) hours. All youths are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. The medical and mental health Screenings, conversations,</p>

classification assessments as well as reviewed court records and case files.

All youth assigned to the center undergo a mental health assessment within the first 72 hours of being assigned to the center. This assessment and the initial screening is utilized with part of interviews with parents (guardian), community case managers, and group leaders to assist in forming an initial treatment plan

An initial Comprehensive Treatment Plan is developed for all residents when they arrive at the facility. During this planning development the youth is once again asked about sexual abuse, orientation or feeling of overall safety at the center.

The intake staff will administer a complete Screening when the youth arrive at the facility. Forty-four youth remained at the facility for more than 72 hours and were Screening utilizing the Screening instrument. All youth that makes an allegation or sexual abuse or are named in the sexual abuse allegation will be rescreened. Medical, mental health, and supervisory staff may conduct an additional rescreening based on reasonable concerns for youth safety. Each youth has a team meeting monthly. During the team meeting staff will discuss youth safety and ask him questions related to his sexual safety.

The facility uses the information gathered to make room and programming assignments for the youths with the goal of keeping them safe and free from sexual abuse. The program is prohibited from using isolating. The staff member conducting the intake process will complete the Screening using the PREA Screening tool and will immediately report any heightened risks to the supervisor on duty before making housing decisions. Youths will be reassessed as needed. A review of the youth files determined that most youth have been rescreened on several occasions. Youth that was involved in an allegation of sexual abuse or sexual harassment were rescreened during the investigative process.

In interviews with youth each youth indicated they are seen daily or weekly by their advocate or the Group Leader in a group meeting and in a private one on one conversation about their progress, concerns and safety. While this is not a formal rescreening, most of the youth indicated that they are asked if they have been subject to being victimized or sexually harassed at the center or prior to coming to the center.

115.341 (c): Risk of Victimization and Sexually Aggressive Behavior Screening include mental, physical, or developmental disabilities, age, physical build, prior incarcerations, criminal history (violent and non-violent), prior convictions for sex offenses against an adult or child, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse, prior sexual victimization, perception of vulnerability, and if the youth is or is perceived to be (LGBTQI) or gender nonconforming. At the time of the audit there were two transgender and one gender non-conforming youth assigned to the center.

115.341 (d): Policy mandates that all youths will be interviewed using an objective Screening instrument for risk of victimization potential vulnerabilities or sexual abusiveness tendencies to act out with sexually aggressive predatory behavior

	<p>within seventy-two (72) hours. Screening staff interviewed indicated staff review the youths court records, suicide Screening reports, family information and any other documents that are provided to them at the time of intake. The Screening staff utilizes the Screening instrument during the initial intake process that includes conversation with the youth in a private setting. The Screening staff indicated they introduce the Screening instrument to the youth by explaining the purpose of the questions and acknowledges to the youths that that the know they just had the same questions, but it is important in order to make sure they are safe and get the most out of the stay at the center. After the initial rescreening or prior to the rescreening the medical staff interviews the youths and conduct a medical screening. The nurse indicated she talks about sexual transmitted diseases and youths' perception of vulnerability.</p> <p>Based on the review of the agency Policy and procedures, observations and information obtained through staff and youth interviews, and review of 10 youth files, the facility has demonstrated exceed compliance with this standard.</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>MDH Policy 560 PREA</p> <p>Screening Instrument sample</p> <p>Statement of Fact</p> <p>115.342 (a MDH Policy 560 PREA establishes protocol to house youths in a safe environment. The facility Policy provides guidance to staff regarding the use of the information obtained from the Screening forms. The Facility Manager and assigned staff utilize various forms, Vulnerability Information Review (PVIR), the Assessment Summary to name a few and any other pertinent information during the youth's admission process. Also, the staff determine placement of youths in a specific sleeping assignment according to their risk level (low, medium, or high). Staff interviews described how information is derived from the various forms and the initial medical and mental health/substance abuse Screening forms to determine placement and risk level. In addition, the policy describes the Screening and assessment process and how that information, along with information derived from medical and mental health Screening and assessments, records reviews, database checks, conversations, and observations, is used to determine a youth's</p>

appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all youths safe and free from sexual abuse. taking into consideration his Screening, programming plan, and sexual orientation. Transgender youth were interviewed by the clinical director for determination of their assignments. The youth perception and own views with respect to her safety is given serious consideration when making the housing placement decision.

115.342 (b): Individualized determinations are made about how to ensure the safety of each youth. Youths who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Youths have an option of refusing these services. The center has not segregated or removed youths from the program for a PREA incident in the last 12 months. The agency PREA coordinator, and facility administrator interviewed indicated that the center complies with requirements of the standard for transgenders that are housed at the facility. The Facility Administrator indicated that the initial Screening and any updated Screening information is considered for placement of youths on a continuous basis. The center presently houses 2 transgender youth. Both youths were interviewed. Both youths indicated they met with the clinical director when they arrived at the center. The center has only private rooms, so all youth are assigned to private room. Both of the youth indicated they were asked about their preference for visual searches, pronoun preference and are allowed to shower separately from other youth. Both indicated they felt safe at the center and speak with the director and clinical director on a daily basis.

115.342 (c): MDH Policy 560 prohibits gay, bi-sexual, transgender and intersex youths being placed in a dorm area, bed or other assignments based solely on their identification or status. In addition, the policy describes the Screening and assessment process and how that information, along with information derived from medical and mental health Screening and assessments, records reviews, database checks, conversations, and observations, is used to determine a youth's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all youths safe and free from sexual abuse. During the comprehensive site review, there were no rooms observed to be reserved for transgender or intersex youths.

115.342 (d) – (f) A transgender or intersex youth's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the youth. Transgender and intersex youths' placement and programming are reviewed as needed, but at least every six months. A transgender or intersex youths' own views of their safety is taken into consideration. The center provided a copy of the 6-month review on transgender youth and mental health assessment for each transgender youth.

115.342 (g-l) Transgender and intersex youths are offered the opportunity to shower separately from other youths as indicated in their Statement of Search/ Shower/ Pronoun Preference Form. The facility housed two transgender youth during the audit timeframe. The facility does not use isolation as a way to separate youths. The



	<p>center has not segregated or removed youths from the program for a PREA incident in the last 12 months.</p> <p>The agency PREA coordinator, and facility administrator interviewed indicated that the center complies with all areas of the PREA standards for transgender youth.</p> <p>Compliance of this standard were determined by decision to place youth in appropriate facilities based on PREA Screening, review of court document and working as a team to determine what is the best program to promote a safe environment and achieve the best outcome for the youth. Further exceed was based on review of the screening instrument, interviews with medical and mental health director, and facility administrator.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives and documentation were reviewed for compliance with this standard.</p> <p>MDH Policy 560</p> <p>PREA Brochures</p> <p>PREA Posters</p> <p>Youth and Parent Handbook - mail and phone procedures</p> <p>Youth reporting Posters</p> <p>115.351 (a) The above policies, agreement and External reporting mechanism identifies the multiple internal ways for youths to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Included are reporting to the Children’s Protective Services at 855-444-3911. Also, the policies identified the youth’s accessibility to filing a grievance, communication (telephone, visitation, and correspondence) with their attorney and/or parent/guardian, staff providing access to the hotline without asking the youth the purpose of the call, the staff requirement of mandatory reporting and completing an incident report. The department has provided a method for staff to privately report sexual abuse and sexual harassment of youths. The auditor called the Children’s Protective Services at 855-444-3911 and was able to speak to a live staff member.</p>

115.351 (b): The agency has established procedures allowing for multiple internal ways for youths to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other youths or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. Youths may request to use a telephone with some degree of privacy to call the hotlines without having to obtain staff permission and that mandates staff not to question youths about the reason for the call. A youth can request writing materials to write and send a letter to one of these sources. Random youths interviewed were aware of the abuse hotline and were able to articulate how they could gain access. Random youths interviewed were aware of the abuse hotline and were able to articulate how they could gain access.

115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The staff interviews confirmed the methods available to youths for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third party reports and to document verbal reports. All the youths interviewed revealed they are familiar with the provisions of the standard. The youth interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a PREA/grievance or Medical Request Form, or through a third-party. The youths were aware third-party reports could be made and that reports can be made anonymously. Staff members interviewed were aware of their duty to receive and document third-party reports.

115.351 (d): The facility provides youths with access to tools necessary to make a written report. Writing materials are readily available for youths to complete the accessible forms. Prior to the site visit pictures were sent to the auditor showing the reporting forms such as PREA/Grievance forms and Medical Request Forms and the accessibility of writing utensils. During the site visit and while on the site review, the auditor observed the accessibility of writing utensils to the youths. Staff must report sexual abuse and sexual harassment immediately to the Facility Manager and must immediately notify the Children's Protective Services, family, and State Police if the allegation is criminal in nature. Staff and Facility Manager confirmed that staff may report directly to the facility administrator, and he will coordinate with the staff to call Children's Protective Services, law enforcement and legal guardian.

115.351 (e): Staff may make anonymous reports of sexual abuse and sexual harassment of youths to their local law enforcement, Children's Protective Services, PREA Coordinator, facility manager or the PREA compliance manager.

The youth and family handbook provides the following information that is reviewed with the youth during the comprehensive education program; Youths must report violations or suspected violations to any staff, supervisor, or administrator. Reporting can be done verbally or in writing. Youths are encouraged to report directly and immediately to staff so that immediate steps may be taken to keep youths safe from sexual assault and/or investigate an actual occurrence. Reports may also be made through use of the Youth Grievance System. An option also exists for youths to report sexual abuse to someone outside of the facility. The outside

	<p>reporting option for Bay Pines Center is the DHS hotline, 1-888-444-3911. If you wish to report outside of the facility, tell your staff. Staff will contact a supervisor or administrator to facilitate that.</p> <p>Preventing sexual assault in institutions is a responsibility that the staff at Bay Pines Center takes extremely seriously. While youths are encouraged to report even suspected violations, youths are cautioned that knowingly making a false allegation against another person is a legal violation. This means that a youth that intentionally lies when accusing someone of sexual assault and/or related sexually inappropriate behavior will receive consequences that could include criminal charges. Report truthfully.</p> <p>Compliance was determined by review of posters, policy, and interview with staff, calls to all posted party reports and to document verbal reports. All the youths interviewed revealed they are familiar with the provisions of the standard. The youth interviews demonstrated their familiarity with the various ways they may report either in person, in writing, by phone, completing a PREA/grievance or Medical Request Form, or through a third-party. The youths were aware third-party reports could be made and that reports can be made anonymously. Staff members interviewed were aware of their duty to receive and document third-party reports. Compliance was also determined by review of posters, policy, and interview with staff, calls to all posted telephone numbers including the Children’s Protective Services at 855-444-3911.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Youth/Parent Handbook</p> <p>Youth Grievances Forms</p> <p>Youth Reporting boxes</p> <p>115.52 (a) MHD policy provides a procedure in place for youths to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Poster located throughout the facility advise resident that they may file a grievance. The youth handbook explains the process for filing a grievance. Any grievance that alleges sexual abuse, sexual harassment, retaliation for reporting an allegation or for cooperating in an investigation will be immediately</p>

forwarded to Investigators and CPS. An investigation will be initiated as soon as the staff receives a grievance.

115.52 (b): There is no time limit when a youth can submit a grievance regarding sexual abuse. MHD does not impose a time limit on any portion of a grievance that does not allege an incident of sexual abuse. Youths are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict MHD's ability to defend against a lawsuit filed by an youth on the grounds that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Preaudit Questionnaire, in the past 12 months there were no PREA related grievances filed.

115.52 (c): MHD policy provides that youths have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third-party file a grievance on a youth's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.52 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

115.52 (e): Third parties such as fellow youths, family members, attorneys or outside advocates may assist youths in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of youths. The alleged victim must agree to have the request filed on his or her behalf; however, he/ she is not required to personally pursue any subsequent steps in the administrative remedy process. If the youth declines to have the request processed on his or her behalf, the agency shall document the youth's decision. In an interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

115.52 (f): MHD policy provides youths may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the facility administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In an interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

Youths are provided with grievance forms, pencils and drop boxes to deposit the grievance. The locked grievance box is checked daily by the grievance coordinator. Any grievance that alleges sexual abuse or sexual harassment is immediately forwarded to the PREA compliance manager and the trained sexual abuse investigator. Emergency grievances are immediately delivered to the facility

	<p>assistant administrator or facility administrator. All youths were aware of the facility grievance system and how to file a grievance including an emergency grievance.</p> <p>115.52 (g): A youth can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the youth filed the grievance in bad faith.</p> <p>Compliance was determined by review of the policies, grievance, and by interviews with grievance coordinator, MHD PREA coordinator, and facility administrator. There were no grievances filed by youths in the last 12 months and no extension was necessary in the last 12 months.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA</p> <p>MOU with Tri County Safe Harbor.</p> <p>Tri County Safe Harbor Brochures</p> <p>115.353 (a): MDH Policy 560 PREA mandates the facility shall provide youths with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between youths and these organizations and agencies, in as confidential a manner as possible. Bay Pine Center ensures youths are provided access to outside confidential support services. The facility provided an MOU with Tri County Safe Harbor to provide emotional support. The facility does not house youth for deportation services.</p> <p>115.353 (b): The facility shall inform youths, 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. The policy addresses confidentiality of the advocacy support services. The youth receive information regarding the limitations of confidentiality during the intake process. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy</p>

services to be provided.

115.353 (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide youths with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. Youth may use the phone, located on each living unit, and push the appropriate number to gain access and speak with a victim advocate.

115.353 (d): The facility shall also provide youths with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. The interview's confirmed youths have access to attorneys and court workers and reasonable access to their parents/legal guardians. The site tour revealed areas where youths could meet privately with a legal representative and the visitation area for visits with family members. All the youths interviewed stated families could visit and they provided the days and times of visitation and for phone calls. Youths interviewed confirmed the facility would allow them to see or talk with their lawyer, another lawyer, or a court representative privately. Youths interviewed confirmed the facility would allow them to see and talk with their parents or someone else, such as a legal guardian. Visitors to the facility are informed of PREA.

In touring the center, there were victim services posters located in the center. All youth that were formally interviewed knew about the Child Advocate Posters and how to contact the programs, however, many did not all of the service that are provided. They also knew the information was in the handbook, on the bulletin boards and general areas of the center. All indicated that if they needed the services, they would request the private call be made to the victim advocate telephone number display throughout the center.

The Facility Administrator confirmed the facility provides youths with reasonable and confidential access to their attorneys or court representatives and reasonable access to parents or legal. The Youth/Parent handbook provides how families and lawyers may contact the youth.

Compliance was determined by review of center visitation rules, policies, and memorandums, posters located throughout the facility and interview with Tri County Safe Harbor.

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>PREA Brochure Posted Information Website</p> <p>MDH Policy 560 PREA</p> <p>Youth/Family Handbook</p> <p><a href="http://www.michigan.gov/mdhhs/audult-chid-serv/juvenilejustice/prison-rape-elimination-act">http://www.michigan.gov/mdhhs/audult-chid-serv/juvenilejustice/prison-rape-elimination-act</a></p> <p>115.354 (a) Bay Pine Center provides youth with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parent(s) or legal guardian(s) in accordance with MDH Policy. Third Party Reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly through MDHHS websites provides the public with information regarding third party reporting of sexual abuse or sexual harassment on behalf of a youth. Additionally, the staff provides the parent/ guardian with a packet containing varied forms, victim advocate services and third- party reporting information.</p> <p>Reporting Posters were posted in the visitation room during the audit and the main lobby of the facility. The public is advised to call Children’s Protective Services at 855-444-3911. 24 hours a day, 7 days a week, 365 days a year, they will take Information from you and respond to child abuse and neglect,</p> <p>The facility provides additional methods to receive third-party reports of youth sexual abuse or sexual harassment, and the agency/facility publicly distributes information on how to report youth sexual abuse or sexual harassment on behalf of youths. The youth and family handbook provides youths with ways to make a report. The agency website ( <a href="http://www.michigan.gov/mdhhs/audult-chid-serv/juvenilejustice/prison-rape-elimination-act">http://www.michigan.gov/mdhhs/audult-chid-serv/juvenilejustice/prison-rape-elimination-act</a> ) also allows for the public to report youth sexual abuse or harassment</p> <p>Compliance was determined by interviews with random staff and youths as well as review of policies and posters.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

MDH Policy 560 PREA; - Reporting Allegations

Investigative Protocol

Staff Training

115.361 (a) (b MDH Policy 560 PREA mandate that staff must accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously and from third parties. Staff receiving a report of sexual assault/rape or attempted sexual assault/rape that occurred in a facility, whether or not it is part of the agency; staff that become aware of sexual activity between residents or between a resident and staff, contractor ,visitors or volunteer; become aware of retaliation against students or staff that reported such an incident; and/or become aware of retaliation against student or staff that reported such an incident; and/or become aware of any staff negligence or violation of responsibilities that may have contributed to an incident or e retaliation must immediately report this to the supervisor. If a supervisor is not on duty the staff must call an administrator. The administrator is responsible for notifying the proper authorities which would include the police, CPS, and/or the Division of Child Welfare Licensing.

1. The site supervisor or employee on duty shall take immediate action to ensure the safety of the youth, employees and public, to include contacting law enforcement when necessary.

2. Staff receiving the report must call CPS and report the incident and complete a DHHS 3200, Report of Suspected Child Abuse and Neglect.

a. After the report has been made, the employee should notify their site supervisor who shall immediately notify the facility administrator. In instances wherein the supervisor or designee is believed to be the perpetrator, the employee shall notify the supervisor or designee at the next appropriate supervisory level.

115.361 (c): Only designated employees specified by policy should be informed of the incident in order to respect the victim's privacy, security, and identity. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the alleged victim should be sensitive, supportive and non-judgmental.

115.361 (d): Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform youths at the initiation of services of their duty to report and the limitations of confidentiality. The medical health staff interviewed stated youths are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters.

115.361 (e): PREA Compliance Manager, Administrator On-Duty, or designee shall



	<p>immediately notify law enforcement authorities. The alleged victim's parents/legal guardians will also be notified, unless the facility has official documentation showing the parents or legal guardians should not be notified. If a juvenile court has jurisdiction over the alleged victim, and contact information is able to be obtained, the Administrator On-Duty or designee will also report the allegation to the alleged victim's attorney, juvenile probation officer, or other legal representative of record within 14 days of receiving the allegation. All attempts to contact the child's attorney or receive contact information for the child's attorney will be documented.</p> <p>115.361 (f): Staff training and policy mandates that all employees, volunteers, interns, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against youths or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the shift supervisor, PCM or Administrator. Policy and training also require reporting any third-party reports of sexual abuse, sexual harassment, staff neglect and retaliation.</p> <p>In interviews with random staff, PCM, facility manager, all understood their roles in reporting, protecting, and supporting youth that have been sexual abuse or sexually harassed. All staff new they had a mandate to report and that there is no age of consent in a MDH facility.</p> <p>Compliance was determined by review of policies, training, and interviews with direct care staff and first responders that are not direct care staff, the facility administrator, and the agency head designee and the PREA coordinator.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA - Agency Protection Duties PAQ</p> <p>115.362 (a) MDH Policy 560 requires staff to protect the youths through immediately implementing protective measures. Interviews with the youths revealed their concerns about their own safety were discussed during the intake process and during the administration of Screening assessments. Policies require that if the youth allege, they are at substantial risk of imminent sexual abuse, staff will take immediate steps to ensure the safety of the youth. The direct care staff will take steps to separate the alleged victim from the alleged perpetrator and notify the staff with highest authority at the facility and the assistant facility administrator, or facility director. These staff will then determine the best options to protect the</p>

	<p>victim. The staff will then follow the mandatory reporting steps. All youths participate in a treatment team meeting once a month with Bay Pine Center staff, community staff and parents. During these meetings, youth are asked if they feel safe at the facility. There have been no instances where youths were in imminent danger of sexual abuse.</p> <p>Staff interviewed indicated they would act immediately to protect the youth from any harm including sexual abuse or exploitation by other youth, staff, visitors, volunteers, or contractors.</p> <p>Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility administrator.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA</p> <p>Statement of Fact</p> <p>115.363(a-d) In the event that a youth alleges that Sexual Abuse occurred while confined at another Facility, the Facility will document the allegations, notify the sending facility administrator and Children’s Protective Services. If the allegation was criminal in nature the facility administrator would also notify State Police. The report will be reported to the sending center as soon as possible, but no later than 72 hours after receiving the notification. The facility manager cannot designate a member of staff to make this report and will document the report and copy his/her supervisor.</p> <p>During the past 12 months, there were no allegations received that a youth was abused while confined to another facility nor were there allegations of sexual abuse received by Bay Pine Center from other facilities.</p> <p>Based on the review of the agency Policy and procedures, observations and information obtained through staff interviews and review of documentation, the facility has demonstrated compliance with this standard.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

First Responder Plan

MDH Policy 560 PREA - Responding to Allegations

Volunteer and Contractor Training

Investigation Process Statement of Fact

115.364 (a): Upon receipt of a report that a youth was sexually abused, or if an employee sees abuse, the first staff member to respond will: a. Separate the alleged victim and abuser. b. Call for emergency medical care for the victim, if necessary. c. Immediately notify the Administrator On-Duty and remain on the scene until relieved by responding personnel. d. Preserve and protect the scene of the alleged abuse until appropriate steps can be taken to collect any evidence. When appropriate, the staff member will remove all youths from the room or area. e. Assign the alleged victim and abuser to separate areas and ensure supervision by a same sex employee. f. If the alleged abuser is an employee, student intern or program volunteer, a supervisor must stay with the employee until further instruction is provided by an Administrator (e.g., safety plan, administrative leave).g. If the alleged abuse occurred within the past 96 hours, the employee(s) should request that the alleged victim not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating). h. Ensure that the alleged abuser not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating). i. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to individuals involved with investigating the alleged incident. j. Document detailed description of 1) Victim and abuser locations and affect (e.g., emotions, appearance) 2) Wounds and their location 3) Anything the victim or abuser reported to the employee.

BPC First Responder Protocols for Sexual Abuse provides that upon learning of an allegation that a youth was sexually abused, the first security-level staff member to respond to the report shall be required to separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time-period that still allows for the

collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence. The interviews with staff confirmed awareness of first responder duties and the training they had been provided. All staff that were at the center during the on-site audit were interviewed, which included non-direct care first responders.

115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Random staff interviews revealed considerable knowledge of actions to be taken upon learning a youth alleges being sexually abused. Staff interviewed confirmed they knew their obligations when a youth makes an allegation, or they suspect an incident of sexual abuse has occurred. Random interviews indicated youths would go directly to the medical or facility assistant director to report and understood that they would need to provide evidence for the center to prosecute the youth or staff that sexually assaulted them. Each employee is provided with PREA first responder training as part of their annual refresher training.

Each employee is provided with extensive training and development opportunities to support their success.

During the last 12 months there have been no allegations of sexual abuse in which no direct care staff were not the first responder. Interview with the education staff (random staff interview) determined she was aware of her first responders duty.

There was one allegation of sexual abuse that was reported in time for collection of evidence. The incident involved two youth kissing and touching outside of their clothing. The incident was reported to Law Enforcement; however it did not require any collection of evidence. It was determined that the incident was consensual and not a PREA level incident.

Compliance was determined by a review of center training plan, first responder flow chart and interviews with all staff including administrative support staff that do not deal directly with youth, however, do go to the area where youth a located.

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

	<p>Bay Pine Center Coordinated Response Plan</p> <p>MDH Policy 560 PREA - Coordinated Response PREA Response checklist</p> <p>Bay Pine Center’s Coordinated Response includes a written plan to coordinate actions of employee first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Coordinated Response Plan has a system in place providing the staff with clear actions to be taken by staff including contacting administrative staff, medical and mental health staff, law enforcement, victim advocate services, &amp; parent/guardian and several other individuals. Staff members are directed to follow the steps outlined and to utilize the checklist in addressing the situation.</p> <p>Bay Pine Center Coordinated Response Plan:</p> <p>Staff Timeframe Responsibility First Responder Immediately · Follow First Responder Protocols located in the Facility Manual · Document the incident in the Critical Incident Online Reporting System · Document call to the Child Protection Services hotline on the designated form; First Responder’s Immediate Supervisor · Notify PREA Compliance Manager · Notify facility or medical provider · Notify mental health professional · Notify youth’s parents and Service Coordinator PREA Compliance Manager/Facility Manager Within 24 hours · Provide access to designated rape crisis or victim advocacy organization · Notify other facility, if necessary. Initiate Critical Incident Review to include obtaining input from Compliance was determined by review of the Coordinated Response of an Allegations of Sexual Abuse and interviews with random staff, PREA compliance manager, medical and mental health staff, shift supervisors, and victim advocate.</p> <p>Interviews with the Facility director and other staff validated their technical knowledgeable of their duties in response to a sexual assault. Random staff interviewed were familiar with their roles regarding the response to an allegation of sexual abuse. The facility administrator discussed the coordinated actions in response to an incident of sexual abuse which was parallel to policy and the flow chart. Staff members are directed to follow the steps outlined and to utilize the Checklist in addressing all areas of the response plan.</p> <p>Compliance was determined by review of the above coordinated response plan and interviews with staff responsible for carrying out the Coordinated Response Plan.</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

MDH Policy 560 PREA

Employee Handbook

Contract Agreement - UAW Constitution

115.366 (a): In every case where the alleged abuser is an employee, contractor or volunteer there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders (e.g., safety plans) requiring “no contact” will be documented by facility management. A memorandum will be printed and maintained as part of the related investigation file.

MDHHS will not enter any agreement or contract with a private vendor to operate juvenile facilities that limits a facility’s ability to remove alleged employee sexual abusers from contact with any youth pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The present labor contracts include the provision that subject to the provisions of this Agreement and applicable state and federal law, the Employer retains the inherent management authority and is vested with the exclusive right to control its operations, to determine its policies, its overall budget, the manner of exercise of its functions, and the direction of its work force.

Such rights shall include, but not be limited to:

The right to hire, classify, select, promote, demote, transfer, allocate, assign and direct employees.

The right to discipline, suspend and discharge employees.

The right to relieve employees from duty because of lack of work or other legitimate reasons.

The right to make and enforce reasonable rules of employee conduct and standards for services to the public.

Compliance was determined by an interview with the agency head and PREA coordinator.

<b>115.367</b>	<b>Agency protection against retaliation</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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**Auditor Discussion**

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

MDH Policy 560 PREA - Protection against Retaliation Retaliation Log

PAQ

115.367 (a): Facility PREA Response Plan establishes protection or youth against retaliation and staff for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA retaliation monitor (assistant administrator) shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there were no retaliation for reporting allegations of sexual abuse or sexual harassment. There have been one allegation of sexual abuse or sexual harassment alleged at the center during the last 12 months that was monitored for retaliation.

MDH has developed an agency wide form for all facilities managed by the cooperation to document retaliation monitoring. The one allegation of sexual abuse was determined to be consensual. The clinical staff implemented a safety plan for each youth and required youth to stay separate from each other.

115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for youth victims or abusers, removal of alleged staff or youth abusers from contact with victims, and emotional support services for youths or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The policy identifies measures to protect staff and youths including the following: a. Initiating housing changes or transfers for youth victims or abusers; b. Removing alleged staff or youth abusers from contact with victims; and c. Providing emotional support services. The interview confirmed the facility would protect youths and staff from retaliation for sexual abuse and sexual harassment allegations. Protective measures would include housing changes, transfers, removing alleged abusers, and emotional support services. The Retaliation Monitor identified protective measures that are aligned with the standard, including separating the alleged abuser from the alleged victim.

115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of youths or staff who reported the sexual abuse and of youths who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youths or staff and shall act

	<p>promptly to remedy any such retaliation. Items the agency should monitor include any youth disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. MDH Policy 560 requires the monitoring of items identified in this provision of the standard. The Retaliation Monitor explained during the interview how he would discharge those duties, including monitoring the items identified in the standard.</p> <p>Retaliation monitoring would occur for 90 days to see if there are any changes that may suggest possible retaliation by youths or staff, and shall act promptly to remedy any such retaliation, according to Policy. The monitoring will continue beyond ninety (90) days if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.</p> <p>115.367 (d): In the case of youths, such monitoring shall also include periodic status checks. The Retaliation Monitor indicated status checks would be initiated with staff and youths. Policy 650 states periodic status will occur. The Retaliation Status Checklist would be used to document the status checks.</p> <p>115.367 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation. Policy states if any other individual who cooperates with an investigation expresses the occurrence of retaliation from another youth or staff member, BPC shall take appropriate measures to protect that individual against retaliation. The assistant facility administrator indicated he would visit the youth whenever an allegation is lodged by youths or third party immediately and discuss her role to monitor for retaliation. The facility administrator indicated he would monitor staff that report and cooperated with any investigations. The retaliation monitor interviewed indicated she would meet with the youth on a weekly basis to assure there are no retaliation for reporting sexual abuse or sexual harassment.</p> <p>Compliance was determined by review of policies, the monitoring check list and interviews with the retaliation monitor, facility administrator, PREA compliance manager and PREA coordinator.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Facility PREA Response Plan</p>



	<p>MDH Policy 560 PREA</p> <p>Statement of Fact</p> <p>BPC may utilize isolation for a PREA allegation of sexual abuse or sexual harassment, however based on the PAQ the youth may not be isolated for more than 24 hours. However, the agency is implementing a system in which isolation may not be utilized for any length of time.</p> <p>115.368 (a): The center may use isolation but only as a last resort in those extreme instances when the safety of the youth and others cannot be met through other treatment and crisis intervention strategies. Prior to utilizing isolation, the clinical staff and team leaders will review and assess the youth and incidents to determine if there are other alternative available. There have been no youth placed isolation in the last 12 months.</p> <p>The Facility Director shall ensure that a separation plan is immediately developed which includes plans for the following: (a.) Staffing for awareness supervision. (b.) Continued treatment and education. (c.) Reintegration to safely transition the youth from separation back into the youth group. There have been no youth placed in an isolated for a PREA incident.</p> <p>Rules and Standards for the Operation of Juvenile Detention Facilities shall include, but not be limited to the following: a. The youth shall be provided adequate bedding for use during normal sleeping hours which shall be removed for the remainder of the day. b. The youth shall have the opportunity to shower once each day and shall be provided with adequate personal hygiene articles. c. The youth shall be entitled to a minimum of one hour per day recreation outside the separation room.</p> <p>d. Attempts shall be made daily to provide the youth with educational materials which will allow the youth to remain current with his/her educational program. e. Non-academic reading material shall be made available to the youth. f. The youth shall have the opportunity for three meals daily. g. The youth shall have the opportunity to wear appropriate clothing for the season.</p> <p>The facility director indicated he would have to move the youth to another facility if it was required separation from other youth.</p> <p>No youth has been separated due to a PREA incident in the last 12 months.</p> <p>Compliance was determined by review of policy, interviews with facility director, teacher, medical and mental health staff.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

#### MDH Policy 560 PREA – Investigations

##### Investigative Files Review

115.371 (a): MDH Policy 560 establishes the agency Policy that all allegations of sexual abuse or sexual harassment will be investigated. MDH may conduct their own investigations of sexual abuse or harassment that are not criminal in nature. The Michigan State Police conduct criminal investigations. There were no criminal PREA-related allegations made during the previous twelve months. There was one investigation that was investigated by the MSP and referred to prosecutor. The investigation was determined to be consensual and did not rise to the level of criminal in nature.

115.371 (b): The Investigators follows protocols in conducting administrative investigations in center settings and the investigators receive training on the related agency policies. Investigators have received training in conducting criminal sexual abuse investigations as indicated in interviews and standard 334.

15.371 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.371 (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

115.371 (e): Any criminal investigations are conducted by local law enforcement and would be referred to appropriate jurisdiction for prosecution. Completed reports shall be retained in accordance with the state retention schedule. Interviews with Facility Administrator and investigator confirmed that the present retention period is the agency retain all written reports referenced in 115.371 for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.371 (f): Policy states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and not be determined by the person's status as a youth or staff. Additionally, no youth who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

115.371 (g): Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

	<p>115.371 (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.</p> <p>115.371 (i): Policy provides that all criminal investigations are referred to Michigan State Police.</p> <p>115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile youth and applicable law requires a shorter period of retention.</p> <p>115.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Policy and staff interviews support that the departure of the alleged abuser or victim from employment shall not provide a basis for terminating an investigation, which was also supported by interviews.</p> <p>115.371 (l): The agency or facility is not required to audit this provision.</p> <p>115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. As part of the responsive planning staff are trained in protecting the crimes scene and cooperating with investigative units.</p> <p>The center had two PREA allegation of sexual abuse or sexual harassment in the last 12 months. One was investigated by a Michigan State Police and a trained agency investigator. One was for sexual harassment and was investigated by a trained facility investigator.</p> <p>Compliance was determined by interviews with Investigator, PREA compliance manager, PREA coordinator, Agency Head, Agency website and Facility Administrator.</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

	<p>MDH Policy 560 PREA -Investigations</p> <p>Investigator Interviews</p> <p>115.372 (a): Based on interviews with investigator, the investigator makes a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence).</p> <p>The Investigator must objectively review all of the evidence which is in favor of or contrary to the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding; and in order to support a finding of child abuse or neglect by a Preponderance of Evidence. Investigator must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or is convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case.</p> <p>Compliance of the standard was determined by reviewing the Policy, investigative report, and interview with the agency PREA coordinator and investigator</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560</p> <p>Investigator Interviews</p> <p>Notifications to Youths</p> <p>115.373 (a): At the conclusion of an investigation, PREA Compliance Manager, or staff member designated by the facility administrator will inform the victim of the allegation in writing, whether the allegation has been substantiated, unsubstantiated, unfounded.</p> <p>115.373 (b): MDH Policy 560 Investigating PREA Allegations requires that if the facility did not conduct the investigation, it will request the relevant information from the investigating agency in order to inform the individual.</p> <p>115.373 (c): Following a youth's allegation that a staff member has committed sexual abuse against the youth, the agency shall subsequently inform the youth (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the youth's unit; (2) The staff member</p>

	<p>is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (d): Following a youth's allegation that he or she has been sexually abused by another youth, the agency shall subsequently inform the alleged victim whenever: (1)The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.373 (e): Policy requires all such notifications or attempted notifications to be documented. The PREA Coordinator has developed a form that for notification to youths of the outcome of investigations that includes a signature from the youth.</p> <p>Even though there was one investigation that was determined to be consensual the two were notified of the outcome of an investigation. The youths were also placed on a safety plan that each signed at the conclusion of the investigation.</p> <p>Based on review of policy and interviews with PREA compliance manager and PREA coordinator it was determined that the agency is in compliance with this standard.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA - Disciplinary sanctions for Staff</p> <p>Statement of Fact</p> <p>115.376 (a): Staff is subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.376 (b): MDH policy and procedures reviewed revealed that termination is the presumptive sanction for staff who has engaged in sexual abuse. Additionally, staff may not escape sanctions by resigning. There has been no employee disciplined and/or terminated in the past 12 months for violation of the facility's sexual abuse or harassment policies.</p> <p>115.376 (c): MDH Policy 560 indicates disciplinary sanctions up to and including termination for violating the facility's sexual abuse or harassment policies. The facility manager stated that disciplinary sanctions for violations of MDH policies</p>

	<p>relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be 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.</p> <p>115.376 (d): All staff members who are terminated and or resign in lieu of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement. Staff who resign because they would have been terminated, are reported to the local law enforcement unless the activities were not clearly criminal.</p> <p>There has been no adverse action taken against staff for violation of agency policy 560 PREA or related policies.</p> <p>Compliance was determined by review of the agency policy, interview with PREA compliance manager and facility administrator.</p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA - Disciplinary sanctions for Contractors or Volunteers Contractor/Volunteer Training</p> <p>Statement of Fact</p> <p>115.377 (a) MDH Policy 560 PREA requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of youths will be reported to local law enforcement and to relevant licensing bodies unless the activity was clearly not criminal. The facility administrator stated that Contractors who engage in inappropriate contact with any youth, including sexual assault or harassment, will be subject to a termination of their contract and a report made to the appropriate licensing authorities.</p> <p>115.377 (b) The documentation and interviews with the PREA coordinator, facility administrator revealed the provision of information to volunteers and contractors that sexual misconduct with a youth is strictly prohibited. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with youths, however, would most likely prohibit them from further contact with youths.</p> <p>There have been no allegations of sexual abuse or sexual harassment involving</p>

	<p>contracting and volunteers during the last 12 months.</p> <p>Compliance was determined by training curriculum, contractor and volunteer applications and interviews with the PREA compliance manager and Facility Manager.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA -</p> <p>PAQ</p> <p>Michigan Health and Human Services Juvenile Justice division works to correct inappropriate actions and support positive behavior with youth. Youth that violate a criminal act will be subject to appropriate legal action to include prosecution.</p> <p>115.378 (a): Policy 560 Prison Rape Elimination Act (PREA), states that, “Youth found to have sexually harmed others shall be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct”. As reported in the PAQ, there were no reported youths subject to disciplinary sanctions following an administrative finding that the youth engaged in youth-on-youth sexual abuse.</p> <p>115.378 (b): Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the youth’s disciplinary history, and the sanctions imposed for comparable offenses by other youths with similar histories. In the extreme case of a youth being separated from other youth the facility manages indicated through interview that the center shall not deny the youth exercise or access to any legally required educational programming or special education services. The youths may be provided daily visits by mental health and medical personnel and may have access to other programs and work opportunities to the extent possible, in accordance with policy.</p> <p>115.378 (c): The process shall consider whether a youth’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>115.378 (d): The facility is a treatment center and offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The agency does not require participation in such interventions as a condition of access to any rewards-based behavior management</p>

	<p>system or other behavior-based incentives nor as a condition to access to general programming or education.</p> <p>115.378 (e): The agency may sanction a youth for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>115.378 (f): For the purpose of sanctions, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Investigating PREA Allegations states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.378 (g): Bay Pine Center prohibits all sexual activity between youths and may discipline youths for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Youths interviewed indicated they were advised that they would be sanctioned for any sexual abuse, sexual harassment or sexual misconduct. Most indicated that they are reminded of their duties to hold each other responsible to maintain a safe environment for all youths. The one substantiated incident was determined to be consensual. The youth were placed on a safety plan which was not punitive in nature.</p> <p>The management of youth in BPC includes group leaders, and clinical staff that meet daily with the youth.</p> <p>Based on the review of the agency policy, observations and information obtained through the staff interview and review of documentation, the facility has demonstrated exceeding compliance with this standard.</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA- MH and Medical Screening</p> <p>Clinical Notes</p>



PAQ

115.381 (a) MDH Policy 560 PREA states that if the Screening for abusiveness and victimization indicates that a youth has experienced prior victimization, whether it occurred in an institutional setting or in the community, the intake staff shall offer the youth a follow-up meeting with a Mental Health provider. Upon admission, and no more than 12 hours from admission, the Medical/Mental Health Screening will be conducted one-on-one with the juvenile and a staff member. At Bay Pine Center all new intakes are interviewed by clinical staff. The clinical staff review the intake Screening instrument and youth history. During the initial treatment plan the clinic staff reviews the youth history, additional Screening, parent interviews and staff interaction with the youth.

115.381 (b) If any of the intake Screening forms indicates a youth has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the youth is offered a follow-up meeting with a mental health practitioner within 14 days of the intake Screening. This same information is discussed with the clinical staff within 72 hours of intake.

115.381 (c): Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and bedding, education, and program assignments, or as otherwise required by Federal, State, or Local law.

115.381 (d): Medical and mental health staff is required to notify youths at the initiation of services their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the youth's prior sexual victimization that did not occur in an institutional setting. Youths who report prior sexual victimization or disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.

The interviewed staff responsible for risk screening stated that if a screening indicates that a resident has experienced prior sexual victimization whether in an institutional setting or in the community; follow up medical or mental health services would be offered. Nursing assessments are completed upon arrival at the facility. All youth that are assigned to Bay Pine Center undergo a clinical assessment and referrals for additional assessment by psychologist and/or psychiatrist during the first week of their arrival.

Exceed compliance was determined by review of the agency policy, intake forms and interviews with youth, medical, and mental health staff.

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1461 416">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="280 456 1430 488">MDH Policy 560 PREA - Access to Emergency Medical and Mental Health Services</p> <p data-bbox="280 528 641 560">PREA Advocacy Interview</p> <p data-bbox="280 600 644 631">Health Education Records</p> <p data-bbox="280 672 1474 1662">115.382 (a): PREA Response Plan Following Youth Report mandate youth victims of sexual abuse receive timely and unimpeded access to onsite and offsite emergency medical treatment and crisis intervention services, the nature and scope as determined by the judgement of medical and mental health professionals. Medical and mental health staff interviews confirmed emergency medical care and crisis intervention services will be provided by medical and mental health staff as required. Observations revealed medical and mental health staff members maintain secondary materials that document services to youths and these staff are knowledgeable of what must occur in an incident of sexual abuse. It is documented through policies and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim, whether or not the victim cooperates with the investigation. Review of medical files shows that medical and mental health staff members maintain secondary materials and documentation of youth encounters. There have been no allegations of sexual abuse during this audit period that included a SANE or SAFE. The facility houses male youths. The facility PREA response plan requires evaluation and treatment shall 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. Medical and mental health services shall be provided to the victims consistent with the community level of care. Youth victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of the victim's names the abuser or cooperates with any investigation of the incident.</p> <p data-bbox="280 1702 1474 1944">The interviewed mental health and medical staff reported that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Such services are rendered immediately upon notification. Medical and mental health staff interviewed during the site review were able to clearly state their responsibilities in responding to a reported incident of sexual abuse.</p> <p data-bbox="280 1984 1407 2060">115.381 (b): Direct care staff interviewed, as staff who act as first responders, reported that the duties of a first responder include, but are not limited to: take</p>

immediate action, stay with the youth, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, call for additional staff, and notify supervisor. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners. The interviews with clinical staff revealed youths have unimpeded access to emergency services. The coordinated response plan flow chart provides guidance to staff in protecting youths and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and mental health staff. The on-call medical list has the names of medical staff and their emergency contact numbers. The nurse is generally on-call 24/7 as determined by the interview.

115.381 (c): Youth victims of sexual abuse while incarcerated shall be 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. All youths are provided access to infection prophylaxis when they arrive at the facility. The PAQ and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and mental health staff, according to the interviews with clinical staff.

The Policy requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Auditor observed the youth files maintained in a secure manner. The files are secured in a locked cabinet behind a locked door, when the office is unoccupied. The Supervisor indicated that there is a list of individuals that have access to them.

115.382 (d): PREA Response Plan Following Youth Report mandates that treatment services shall be 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. This was also confirmed through staff interviews. Policy revealed emergency services will be provided by medical and mental health staff. The medical and mental health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. It is documented through policy and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim.

Based upon the review of policies, interviews with the medical and mental health staff and interviews with staff is compliant with this standard.

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
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**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.

Statement of Fact

MDH Policy 560 PREA - Ongoing Medical and Mental Health Services

Advocacy Agreement

PREA Advocacy Interview

115.383 (a MDH Policy 560 requires that a medical and mental health evaluation and treatment be offered to youth victims of sexual abuse. According to the interviews, medical and mental health staff members are aware of the Policy mandates. A review of MDH Policy 560 Access to Medical and interviews, support medical and mental health evaluations and treatment will be offered to all youths

who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate, including assessments and therapy. The clinical director indicated that all youths that go through intake at the facility are seen by mental health within 72 hours. Bay Pine Center provides ongoing mental health counseling services for youths assigned to the center and provides access to the center and residents to the Tri County Safe Harbor program.

115.381 (b): Facility PREA Response Plan Following Youth Report includes a provision that the evaluation and treatment of such victims shall 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. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not limited to additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. Youths that are housed at Bay Pine Center have a follow up plan which includes mental health counseling as needed. The plan also includes the family in supporting the youth. The Tri County Safe Harbor would provide youth with support programs when released from the center or provide information and arrange for a transfer for emotional support to a certified victim advocacy program within the Michigan

	<p>Coalition against Domestic and Sexual Violence in other areas of Michigan.</p> <p>115.381 (c): Based on interviews with the medical and mental health staff the facility shall provide victims with medical and mental health services consistent with the community level of care.</p> <p>115.383 (d-e): Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. In an interview with the clinical director, this service would be provided by the center’s physician, mental health staff and/or Tri County Safe Harbor. This meeting would include the youth, parents, physician, mental health professional and victim advocate.</p> <p>115.383 (f) The policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate.</p> <p>115.383 (g) All treatment services will be provided at no cost to the victim, according to policy and staff interviews.</p> <p>115.383 (h) Policy provides for attempts to be made for a mental health practitioner to conduct a mental health evaluation within 60 days on all known youth-on youth abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling. According to the PAQ this service is provided immediately when the center is made aware of an abuse.</p> <p>Any youth that make an allegation of past victimization are allowed to call the Tri County Safe Harbor program and staff from the program will go to the facility and meet with the youth and offer their services when released from the center.</p> <p>Based on a review of the PREA policies, and interviews with the Tri County Safe Harbor, mental health director, medical staff, PREA coordinator and Facility Administrator the facility exceeds compliance with this standard.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA – Incident Reviews</p> <p>30-DAY Sexual Abuse Incident Review Michigan Department of Health and Human Services</p>

Incident Review Meeting report

15.386 (a): Facility PREA Response Plan Following Youth Report require an incident review team meeting within 30 days of the conclusion of each investigation unless the finding is unfounded. The policy mandates review team participation to include the agency wide PREA Coordinator, the facility's PREA Compliance Manager, facility administrator, medical and mental health staff. There was one allegations of sexual abuse that was determined to be consensual non-criminal and not sexual abuse.

The interview with the PREA Compliance Manager and a review of the form used to document an incident review team's findings indicate the team: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse considers 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; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.386 (b): There is a Critical Incident Review Form that would be completed within 30 days of the outcome of an administrative or criminal investigation. The Policy requires that the reviews occur within 30 days of the conclusion of the investigation. Although there has not been an allegation of sexual abuse, the Facility Manager confirmed incident reviews would occur within 30 days of the conclusion of an investigation in accordance with facility Policy and the standard.

115.386 (c): For incidents involving sexual assaults or misconduct the review team will include the Facility Manager, Clinical Staff and Group Leader(s), with input from investigators, and medical or mental health providers.

115.386 (d): The committee reviewed the following: 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.

115.386 (e): MDH Policy 560 states the administration shall implement the recommendations for improvement or shall document its reasons for not doing so.

	<p>The Facility Manager is familiar with this Policy requirement and the MDH Incident Review form would be used for documenting the incident review team meeting and it allows for documentation of the considerations of the standard. Additionally, the form provides recommendations for improvement by the team members. There were no allegations of sexual abuse in the past 12 months that required an incident review team meeting. The interview with the Incident Review Team Member confirmed the facility prepared a report of its findings and any recommendations for improvement when conducting a sexual abuse incident review. He confirmed the team would consider all factors required by the standard.</p> <p>Compliance was determined by review of an incident review report form and interviews with Incident Review Team members.</p>
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<b>115.387</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA - Data</p> <p>PREA FY 2017- Annual Report</p> <p>Final PREA FY 2018</p> <p>Annual Report 2019</p> <p>Annual Report 2020</p> <p>Annual Report 2021</p> <p>Annual Report 2022</p> <p>115.387 (a): A review of reports confirms that MDH collects incident-based, uniform data regarding allegations of sexual abuse at facilities under its direct control, including contractors, using a standardized instrument and specific guidelines. The format used for facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). MDH maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The facility collects and maintains data in accordance with directives by MDHHS.</p> <p>The Policy requires the use of a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual abuse. The agency collects</p>

	<p>accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>DHS aggregates sexual abuse data which culminates into an annual report. The agency provides DOJ with data as requested.</p> <p>115.387 (b): The facility collects and maintains data in accordance with directives by MDHHS. A standardized instrument and specific guidelines and definitions are used to assist in identifying the data.</p> <p>115.387 (c): The format used for MDH facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by U.S. Department of Justice (DOJ).</p> <p>115.387 (d): Policy 560 states that: Section 115.387 of PREA requires that the Michigan Department of Health and Human Services (MDHHS) - Juvenile Justice Programs - collect, and make publicly available, data on allegations of sexual abuse and harassment from facilities under its direct control and from every private, contracted facility. This data collection effort will be undertaken monthly.</p> <p>115.387 (e): The format used for MDHHS facilities and contracting facilities capture the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U. S. Department of Justice (DOJ). Private facilities are required to follow the same PREA policies and procedures and report the information on the same basics as State operated facilities.</p> <p>115.387 (f): MDH policy mandates that upon request, MDH shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was not made for the previous calendar year.</p> <p>Compliance was determined by reviewing data collections for the preceding three years, review of MDH Policies and interview with the PREA coordinator, facility administrator and MDH agency head.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>2022 Annual PREA Report MDH</p> <p>MDH Policy 560 PREA - Data Collection PREA - Data Collection</p> <p>115.388 (a): MDH Policy 560 recognizes the purpose of conducting annual reports</p>



	<p>and annual PREA assessments are to review data collected and aggregated pursuant to § 115.387 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 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. Further 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.</p> <p>115.388 (b): A review of the annual reports for the last 4 years included a comparison of the current year’s data and corrective actions with those from prior years and provided an assessment of the agency’s progress in addressing sexual abuse. The auditor reviewed the annual report comparison for 2019 2020, 2021 and 2022.</p> <p>115.388 (c): The annual report is reviewed by the PREA coordinator, her supervisor and agency administrative staff and signed by the Agency Head. Compliance was determined by the PREA policy and website review.</p> <p>115.388 (d): MDH Policy 560 indicates that all information that is placed on the website will not include personal identifiers. The annual report has been reviewed and the report is accessible to the public through the facility’s website. There are no personal identifiers in the annual report.</p> <p>Exceed compliance was determined by reviewing data collections for the preceding three years and review of MDHHS website.</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA</p> <p>Retention schedule</p> <p>Records and Information Management Procedures</p> <p>115.389 (a)(b)(c): MDHHS procedure- Records and Information Management Procedures requires that data be collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed, and all personal identifiers are removed. The website included State and privately operated facilities.</p> <p>Compliance was determined by review of the website and interview with the agency</p>

	PREA coordinator.
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>MDH Policy 560 PREA - Data</p> <p>PREA Audit August 2014</p> <p>PREA Audit October 2016</p> <p>PREA Audit November 2019</p> <p>PREA Audit November 2021</p> <p>115.401 (a): MDH Policy 560 PREA requires all MDH facilities be audited every three years for compliance with the Prison Rape Elimination Act The initial PREA audit of Bay Pine Center was conducted in August 2014 by a DOJ certified PREA auditor. The second audit was conducted in October 2016 by a DOJ Certified auditor. The third audit of this facility was conducted in November 2019. The fourth audit was conducted in November 2021 by a certified PREA auditor.</p> <p>115.401 (b): According to PREA Coordinator and the annual PREA report, during the three-year period beginning on August 20, 2013, MDHHS ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. During the last cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3-year cycle. This is the second year of this cycle.</p> <p>115.401 (h): Upon completion of the entrance conference, a comprehensive site review of the facility was conducted and led by the Facility manager. The tour included all areas of the facility. The facility was clean, in good repair, and well maintained. All areas were viewed, including the administration area, medical area, intake area, kitchen, dining room/visitation area, leisure/recreation areas, and the living unit area. PREA-related informational posters and the PREA audit notice were observed posted throughout the facility.</p> <p>115.401 (i): I requested personnel files, youth files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided in a timely basis. A comprehensive site</p>

	<p>review was provided to the Auditor during the site visit and additional documentation was reviewed during the site visit. The staff members were cooperative in providing additional documentation as requested.</p> <p>115.401 (m): I interviewed random staff on duty for the for the first 24 hours of the audit and random sample of youths during the onsite audit. Interviews were conducted in a private area of the facility.</p> <p>115.401 (n): Posting were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondence from youths. The auditor interviewed the PREA Compliance Manager and asked if youths were allowed to send mail to auditor in the same manner as legal mail system. He indicated they were and provided how you stamps legal mail that it has not been opened or censored and mailed same date as it is removed from the mailboxes located throughout the facility. The PREA</p> <p>Compliance manager indicated that he or the Facility Administrator check the mailbox, PREA Box and Grievance Box a minimum of two times a week.</p> <p>Compliance was determined by review of three past audits, email providing dates of audit postings and interviews with Facility Administrator, PREA Coordinator and Agency Head designee.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This is the fifth PREA audit for this facility. All audits were located on the agency website and were reviewed by the auditor. The initial PREA audit of Bay Pine Center was conducted in August 2014 by a DOJ certified PREA auditor. The second audit was conducted in October 2016 by a DOJ Certified auditor. The third audit of this facility was conducted in November 2021 by a certified PREA auditor and the fourth audit was conducting in November 2021 by a certified PREA auditor.</p> <p>All audits were located on the MDH website at <a href="http://www.michigan.gov/mdhhs/audult-chid-serv/juvenilejustice/prison-r ape-elimination-act">http://www.michigan.gov/mdhhs/audult-chid-serv/juvenilejustice/prison-r ape-elimination-act</a></p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	yes
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</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 residents OR the response to 115.312(a)-1 is "NO".)	yes
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents 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 residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility 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? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility 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	yes

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents 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 a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes



	determine genital status during conversations with the resident, 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?	
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents 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 residents 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 residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents 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 residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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 residents 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
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents 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 residents 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 residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</b>		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, 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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents 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 residents 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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience 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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy 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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes



	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents 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

<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, 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 115.321(a).)	yes
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(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 115.321(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 115.321(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 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes



<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

	Does the agency permit residents 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 resident 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
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: A resident 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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents 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 residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, 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 resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident 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 a resident 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 resident 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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents 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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive 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 they receive regarding retaliation against residents 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	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes



	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident 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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident 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 a resident 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 a resident 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 a resident 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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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 residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: Any resident 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: Resident 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: Resident 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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</b>		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	Following a resident'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 resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	Following a resident'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 resident'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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes



<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident 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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident 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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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 §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 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 § 115.387 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 § 115.387 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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes



	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes