

# PREA Facility Audit Report: Final

**Name of Facility:** Tri County Community Adjudication Program

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 11/28/2022

**Date Final Report Submitted:** 03/10/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Todd Butler	<b>Date of Signature:</b> 03/10/2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Butler, Todd
<b>Email:</b>	bshauditing@outlook.com
<b>Start Date of On-Site Audit:</b>	10/08/2022
<b>End Date of On-Site Audit:</b>	10/12/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Tri County Community Adjudication Program
<b>Facility physical address:</b>	2300 Veterans Memorial Parkway, Saginaw , Michigan - 48601
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Michael Tetsworth
<b>Email Address:</b>	mtetsworth@tricap.net
<b>Telephone Number:</b>	9897520800

<b>Facility Director</b>	
<b>Name:</b>	Gary Davis
<b>Email Address:</b>	gdavis@tricap.net
<b>Telephone Number:</b>	9897520800

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

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Great Lakes Bay Health, Jill Davenport
<b>Email Address:</b>	jdavenport@glbhealth.org
<b>Telephone Number:</b>	9897520800

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	220
<b>Current population of facility:</b>	74
<b>Average daily population for the past 12 months:</b>	79
<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>	Both females and males
<b>Age range of population:</b>	18-60
<b>Facility security levels/resident custody levels:</b>	1
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	38
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	3
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	SMB Probation Center; Inc
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2300 Veterans Memorial Parkway , Saginaw, Michigan - 48601
<b>Mailing Address:</b>	
<b>Telephone number:</b>	9897520800

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Gary Davis
<b>Email Address:</b>	gdavis@tricap.net
<b>Telephone Number:</b>	9897520800

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Michael Tetsworth	<b>Email Address:</b>	mtetsworth@tricap.net

<b>SUMMARY OF AUDIT FINDINGS</b>	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
2	<ul style="list-style-type: none"> <li>• 115.217 - Hiring and promotion decisions</li> <li>• 115.254 - Third party reporting</li> </ul>
<b>Number of standards met:</b>	
39	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:

2022-10-08

2. End date of the onsite portion of the audit:

2022-10-12

### 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?

Yes

No

a. Identify the community-based organization(s) or victim advocates with whom you communicated:

The agency has made available to residents several methods to access confidential services from a local crisis facility. The audit team reached out utilizing the local number and toll-free numbers posted throughout the agency and all responded affirmatively that they are ready and willing to assist residents and the agency 24/7.

# AUDITED FACILITY INFORMATION

14. Designated facility capacity:

220

15. Average daily population for the past 12 months:

79

16. Number of inmate/resident/detainee housing units:

3

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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**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**

<p><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></p>	<p>98</p>
<p><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></p>	<p>0</p>
<p><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></p>	<p>0</p>
<p><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></p>	<p>0</p>
<p><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></p>	<p>0</p>

<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>	4
<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>	0
<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>	0
<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>	0
<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>	0

<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>The facility identified 4 know individuals who identified as gay or lesbian. Due to the nature of programming, staff, and the facility's physical characteristics, transgender and intersex residents are not suitable for programming at this agency and are referred to other programs meeting their unique needs before ever arriving at the facility. At the time of the audit, the facility had no allegations of sexual abuse or harassment within the last 12 months. Therefore, the only special populations available for the audit team to interact with during this audit were those who identified as gay or lesbian.</p>
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**Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

<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>38</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>1</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>1</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>Noting unusual or significant to report regarding staffing, volunteers, nor contractors. The staff is typical of what the audit team has come to expect with this type and size of a facility.</p>



# INTERVIEWS

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

20

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

The agency provided the audit team with an alpha roster of all residents at the facility divided by gender and housing unit. The audit team randomly selected residents by simply highlighting, at random, a number of residents. Furthermore, the audit team requested all four residents identifying as gay or lesbian be identified so they could be interviewed as well. The audit team also affirmatively asked each resident interviewed if s/he had any other characteristic that could lead to other specialized interviews.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- Yes
- 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></p>	<p>The randomness by which the audit team made its selection provided a sufficient sample accurately reflecting the population of residents present at the time of the audit.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>4</p>
<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>	
<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></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>Detailed and specific questions were asked by staff throughout the audit process to determine if residents in this category were residing within the facility during the audit period as well as observations made by the audit team during the facility tour and while conducting formal and informal interviews with staff and residents alike.</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>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>Detailed and specific questions were asked by staff throughout the audit process to determine if residents in this category were residing within the facility during the audit period as well as observations made by the audit team during the facility tour and while conducting formal and informal interviews with staff and residents alike.</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>Detailed and specific questions were asked by staff throughout the audit process to determine if residents in this category were residing within the facility during the audit period as well as observations made by the audit team during the facility tour and while conducting formal and informal interviews with staff and residents alike.</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>Detailed and specific questions were asked by staff throughout the audit process to determine if residents in this category were residing within the facility during the audit period as well as observations made by the audit team during the facility tour and while conducting formal and informal interviews with staff and residents alike.</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>Detailed and specific questions were asked by staff throughout the audit process to determine if residents in this category were residing within the facility during the audit period as well as observations made by the audit team during the facility tour and while conducting formal and informal interviews with staff and residents alike.</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>4</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>The facility does not accept transgender nor intersex residents as a result of their inability to properly support their unique needs.</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>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>The facility does not accept transgender nor intersex residents as a result of their inability to properly support their unique needs.</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>No allegations of abuse or harassment have been reported during the 12 months preceding this 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>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>No residents had reported abuse during risk screening. The audit team did a thorough review of resident files, including risk screenings to verify this.</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>This facility does not have a segregation or other means to "isolate" residents.</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>The make up of the resident population is consistent with what the audit team has come to expect from an agency of this type and interviews with residents were consistent as well.</p>

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>15</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" 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>
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<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>Much like most facilities of this type, several staff fulfilled numerous roles within the facility and had to provide answers to multiple interview questionnaires<sup>10</sup>.</p>
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**Specialized Staff, Volunteers, and Contractor Interviews**

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><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>10</p>
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<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>
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<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>
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<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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)</p>
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**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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<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>	4
<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 checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" 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>	1
<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 type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>One programming/religious volunteer, one medical contractor, one SANE/SAFE professional (from local hospital) and one advocate from local crisis center were interviewed.</p>
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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.

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

<p><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></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><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></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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).</b></p>	<p>This facility was the most comprehensive facility this team has audited to date in regard to physical layout, newness of the physical plant, and security protocol put in place.</p>
<h2 style="text-align: center;">Documentation Sampling</h2>	
<p>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.</p>	
<p><b>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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>The audit team elected to and was awarded the opportunity to pull random samples of resident and staff files, including applications, security clearances, risk screenings, misconducts, and training files to name a few. All random samples pulled during the onsite verified the accuracy of the documentation the agency provided.</p>

# 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>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

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

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

### Sexual Abuse Investigation Files Selected for Review

**98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

0

**a. Explain why you were unable to review any sexual abuse investigation files:**

No allegations have been made in the 12 months preceding this audit.

<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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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**Inmate-on-inmate sexual abuse investigation files**

<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>101. Did your sample of INMATE-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 inmate-on-inmate sexual abuse investigation files)</p>
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<p><b>102. Did your sample of INMATE-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 inmate-on-inmate sexual abuse investigation files)</p>
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**Staff-on-inmate sexual abuse investigation files**

<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
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<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>
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<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>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>No allegations have been made in the 12 months preceding this audit.</p>
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<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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<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>
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<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>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-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 staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No allegations have been made in the 12 months preceding this audit.</p>

# 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

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.

Yes

No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

# AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

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

<b>115.211</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>Agency policy (2-700.1) specifically states that the agency mandates zero tolerance towards all forms of sexual abuse and sexual harassment. Policy requires the agency to implement a sexual assault control plan and to ensure the safety of residents, staff, and the community. This plan assists staff in preventing, detecting, responding, intervening, investigating and ensuring allegations are referred for prosecution/discipline when appropriate. Policy mandates that sexual assault control training is required for all staff who have contact with residents.</p> <p>While conducting interviews with staff and residents, it was apparent to the audit team that 100% of all staff and residents are sufficiently trained/informed of the agency's zero tolerance policy and have a thorough understanding of it.</p> <p>Agency policy (2-700.2) requires the designation of an upper-level, agency-wide PREA Coordinator. Mike Tetsworth is the designated PREA Coordinator for the agency. A review of the agency's org chart identifies Mike as the number two administrator with the agency who reports directly to the agency director. Interviews with Mike indicate he has sufficient time to address the duties of his role as the PREA Coordinator and he has significant influence with the agency director when it comes to implementing PREA requirements for the sexual safety of the residents.</p> <p>For these reasons, the audit team finds the agency meets this standard.</p>

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This agency is a private non-profit facility that does not contract for the confinement of its residents. Therefore, this standard is not applicable to this audit. However, due to the nature of the audit report, "Not Applicable" is not an option for a finding for the standard and the facility cannot be found to not meet the standard, a finding of meets the standard is appropriate.



<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policies (2-100.3 and 2-100.4) regarding staffing requires the agency director to review staffing at least annually in accordance with the agency's staffing plan. The agency's staffing plan is dictated by the Michigan Department of Corrections which establishes minimum staff per capita in keeping with sound correctional standards for the level of facility being operated. In the case of this agency, the MDOC has required a minimum of one male and one female staff member alert and ready to respond to residents' needs 24/7. This is a minimum staffing requirement for the agency. However, the agency almost always has significantly more staff than is required. Interviews with staff and residents reveal the agency never deviates from the minimum staffing requirements. They have a mandatory hold over and call-in process to ensure this does not happen.</p> <p>Agency policy (2-700.2) requires the designation of an upper-level, agency-wide PREA Coordinator. Mike Tetsworth is the designated PREA Coordinator for the agency. A review of the agency's org cart identifies Mike as the number two administrator with the agency who reports directly to the agency director. Interviews with Mike indicate he has sufficient time to address the duties of his role as the PREA Coordinator and he has significant influence with the agency director when it comes to implementing PREA requirements for the sexual safety of the residents.</p> <p>The agency has elected to utilize a standard form to guide in staffing reviews which requires the director to consider the physical layout of the facility, the composition of the resident population, incidents of abuse/harassment, and any other relevant factors. The last staffing plan review was conducted on 9-15-22 for the FY 2021-2022 year.</p> <p>For these reasons, the audit team finds the agency meets this standard.</p>

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="277 184 997 218"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 260 574 294"><b>Auditor Discussion</b></p> <p data-bbox="277 336 1463 621">Agency policy requires the strict separation of male and female residents and prohibits cross gender searches of any kind. In addition, policy, rule, and staffing plans require staff to work in housing areas of residents of the same gender only. Female staff are prohibited from working male housing and male staff are prohibited from working female housing. Agency staffing plan requires female custody staff every day on every shift. Therefore, female residents are never prohibited from activities or programming as a result of no staff available to conduct searches.</p> <p data-bbox="277 663 1458 814">Agency has recognized they do not have the means to sufficiently and safely house know transgenders and immediately refers transgender or unisex residents to other community confinement facilities or back to the Michigan Department of Corrections.</p> <p data-bbox="277 856 1458 1008">Agency has a practice of opposite gender staff knocking on the inner most door of a housing unit and announcing their presence before entering. The agency has signs posted on the outer most doors of all housing units reminding staff of their responsibility to do so.</p> <p data-bbox="277 1050 1458 1251">Formal and informal interviews with staff and residents reveal the culture of the agency is to insure the dignity and safety of its residents. This was revealed by the manner in which everyone responded to questions about opposite gender staff seeing residents in a state of undress. The idea of a situation like this arising at the facility seems to be impossible in the minds of staff and residents alike.</p> <p data-bbox="277 1293 1289 1327">For these reasons, the audit team finds the agency meets this standard.</p>

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency did not have any residents who were limited English, hard of hearing, limited sight, nor intellectually impaired during the time of the audit. According to staff, this would be an extremely rare instance if it ever occurred. None the less, agency policy and practice is to provide all residents with training and educational material in written formats with reviews of all materials provided verbally by trained staff. In addition, the agency has identified V.O.I.C.E. and GLTAC, who are both organizations within the area that have agreed to offer translation services, both receptively and expressively should the need ever arise.</p> <p>The audit team spoke with the PREA Coordinator who indicated that resident interpreters are not authorized nor appropriate unless an emergent situation arose and a delay in such services would cause further harm. Furthermore, the PREA Coordinator outlined a detailed plan on how to retrieve these services if/when necessary as well as staff responsibilities to maintain close observation of any resident needing translation services until such time as they can be offered. Staff indicated during informal interviews/conversations that they were aware of their duties in this manner. The audit team also spoke with the two organizations who indicated they were willing and able to provide services when requested.</p> <p>For these reasons, the audit team finds the agency meets this standard.</p>

**115.217 Hiring and promotion decisions**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Agency policy details the agency will not hire anyone who has engaged in abuse within a confinement facility of any kind, has been convicted of engaging or attempting to engage in forceable sexual activity in the community, has been civilly or administratively adjudicated to have engaged in any of the aforementioned activities. Furthermore, the agency shall consider any incident of sexual harassment in determining whether to hire or promote anyone or enlist contractual services when resident contact may be present.

Agency employment applications ask applicants directly about this behavior on the applications ensuring they capture any instances of abuse or harassment prior to making any offer of employment. Furthermore, the agency indicates on their applications that any omission of such information shall result in termination.

Agency contract with Michigan Department of Corrections (MDOC) requires before hiring new employees who may have resident contact, a criminal background check is conducted and the agency make its best effort, consistent with local, State, and Federal law, to contact all prior institutional employers for information about any allegations of, or resignations in lieu of sexual abuse or harassment while employed with the institutional employer. Agency policy requires these same efforts before enlisting any contractual services if the contractor may have contact with residents.

Consistent with their own policy, and as a requirement within their contract with the MDOC, the Agency requests from the MDOC a scan of every employee's criminal history through the Law Enforcement Information Network (LEIN). A LEIN check discloses any and all involvement with law enforcement. The MDOC has authorized persons available to run LEIN checks for facilities they contract with. The MDOC is a PREA compliant state agency who requires these checks annually of their contracted facilities in order to remain compliant with the PREA standards themselves. Short of a 27/7 live scan, this audit team cannot think of a more thorough method of ensuring the agency keeps close watch of their existing and newly hired staff.

A thorough review of staff files verified that every staff member currently employed with the agency had a LEIN check completed within the past 12 months.

Furthermore, every employee whose employment with the facility was greater than 2 years had multiple LEIN check verifications in their file demonstrating the agency is requesting from and receiving LEIN checks on their staff on an annual basis.

Agency asks all applicants and employees who may have contact with residents directly about previous misconduct regarding sexual abuse and sexual harassment outlined in this standard. The agency also imposes upon its employees and contractors the continuing requirement to disclose such misconduct. Agency policy clearly states any material omission or materially false information shall be grounds

for termination from employment.

In addition to policy, job applications clearly state the applicant's certification that all information contained within the application is correct and any falsifications of any kind will result in dismissal from employment. A review of employee files verifies the actual applications completed by current employees has the required language on the application. Furthermore, the audit team verified during employee interviews that they were well aware of the requirement to disclose such information, that they have a continuous requirement to report such information, and that failure to do so may result in termination of their employment.

The agency as met every aspect of this standard and goes well beyond the requirement of conducting background checks once every five years by conducting LEIN checks annually. For this reason, the audit team has determined the agency exceeded this standard.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has an extensive camera system that provides staff with opportunity to view every aspect of the facility and surrounding grounds at any time with the exception of bathrooms, shower areas, and areas where residents may be in a state of undress. Therefore, limitations on who can view the cameras, based upon gender, are not a concern.</p> <p>The agency's current physical plant and camera system have not been enhanced in the past three years rendering this standard mostly non-applicable. However, the agency has gone to great lengths to ensure the overall safety of its residents and staff over the years. These efforts have contributed directly to the overall sexual safety as well. For these reasons the audit team has determined the agency is in compliance with this standard.</p>

**115.221**

**Evidence protocol and forensic medical examinations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

.221(a) The agency does not conduct investigations into allegations of sexual abuse or sexual harassment. Rather, the agency has entered into a Memorandum of Agreement (MOA) with the Saginaw Police Department to conduct all allegations into sexual harassment and sexual abuse and therefore any and all allegations are referred for criminal investigation.

.221(b) This portion of the standard is not applicable to this audit as the agency does not conduct its own investigations.

.221(c) Agency policy requires all victims have access to community-based forensic medical examinations at local hospital or other free community service that offers examinations by SAFE or SANE certified personnel. Attempts to enter into specific MOU's with local rape crisis centers have been unsuccessful. The agency continues attempts at locating agency's willing to work with resident populations. Their efforts at ensuring residents receive services from the hospital successfully meet the spirit of this standard.

At the time of this audit, there have been no allegations of sexual abuse requiring the agency to ensure the alleged victim received services from SAFE or SANE certified personnel.

.221(d) Agency requires, if available, a victim advocate from a rape crisis center be made available at no cost to anyone making an allegation of sexual abuse/ harassment. Agency also requires the entity offering the victim advocacy services NOT be a part of the criminal justice system (such as a law enforcement agency).

.221(e) Agency allows a victim advocate to accompany and support a victim through the forensic examination process, including investigatory interviews and providing emotional support, crisis intervention, information and referrals.

.221(f) The agency has elected to refer each and every allegation of sexual abuse or harassment to an outside law enforcement agency for investigation. The agency has entered into a signed agreement (Memorandum of Agreement) with the Saginaw Police Department to conduct these services. The MOU specifically states the Three Rivers Police Department will fully investigate all sexual abuse complaints in accordance with PREA Standards 115.221 and 115.234.

.221(g) The agency being audited is not a State entity or Department of Justice component. Therefore, this portion of the standard is not applicable to this audit.

There have been no allegations of sexual abuse occurring at this facility. Therefore, the agency has no documentation available to demonstrate compliance other than the Memorandum of Agreement with Saginaw Police, verification by the audit team that outside services are ready and available to provide services if and when needed, detailed policy requirements implemented meeting the tenants of this

	<p>standard and awareness of staff to provide such services. For these reasons, the audit team finds the agency meets this standard.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) (b) (c) Agency policy states all allegations of sexual abuse shall be reported to law enforcement for investigation and prosecution. Policy goes on to state staff have a duty to monitor for signs of abuse/harassment and staff shall immediately report any knowledge, suspicion, or information regarding an incident of abuse, harassment, or retaliation to appropriate supervisory staff within the agency. The same policy outlines the duties and responsibilities of staff when an investigation is initiated. Furthermore, the agency has entered into an effective MOU with Saginaw Police Department ensuring all allegations are investigated in accordance with this standard. The compilation of agency policy and accompanying MOU with Saginaw Police satisfy the requirements of this standard.</p> <p>(d)(e) The agency being audited is not a State entity or Department of Justice component. Therefore, this portion of the standard is not applicable to this audit.</p> <p>The audit team has determined the agency has sufficient language in policy and has a suitable agreement, in writing, with a local law enforcement agency to conduct investigations into Sexual Abuse and Sexual Harassment allegations. At the time of this audit, there have been no allegations of Sexual Abuse nor Sexual Harassment. Therefore, the agency does not have documentation to verify this arrangement is sufficient to handle all cases, even those which appear to not be criminal in nature. That said, the audit team has found the minimum requirements of this standard to be met and therefore has found the agency meets the standard.</p> <p>The audit team feels it is worth nothing here, but not a condition of compliance with the standard, that the agency could go a bit further in the future by sufficiently training supervisory staff to conduct investigations as well.</p>

<b>115.231</b>	<p data-bbox="261 94 1485 1514"><b>Employee training</b></p> <p data-bbox="261 1514 1485 1711"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="261 1711 1485 1921"><b>Auditor Discussion</b></p> <p data-bbox="261 1921 1485 2100">(a) Agency policy and contract with the Michigan Department of Corrections require all staff to complete annual training detailing the agency's zero tolerance policy for sexual abuse and harassment, how to fulfill their responsibilities under agency policy, resident rights regarding free from abuse and harassment, the dynamics of abuse and harassment in a confinement setting, common reactions of victims, how to detect and respond to signs of abuse and harassment, how to avoid inappropriate relationships, effective communication, and how to comply with relevant laws. The agency utilizes the MDOC's standard virtual training platform and an employee handbook which requires staff signature to verify compliance with agency policy and rules.</p> <p data-bbox="261 2100 1485 2100">(b) The agency houses both male and female residents. Although the agency has strict policy and rules prohibiting intermixing genders in regard to staff and residents, training is developed and delivered in a manner which responds appropriately to this standard and ensures both male and female staff are sufficiently trained in how to appropriately interact with both genders.</p> <p data-bbox="261 2289 1485 2100">(c) Agency and MDOC training are provided to all staff annually which exceeds the requirement of this standard.</p> <p data-bbox="261 2478 1485 2100">(d) All training is documented through employee signature on the employee handbook and electronically documented through the MDOC's virtual training platform.</p> <p data-bbox="261 2667 1485 2100">A thorough review of the agency's training plan/process, reviewing the curriculum of the MDOC's virtual training, and verifying signature sheets in staff personnel files coupled with formal and informal interviews verifying staff understand their duties and responsibilities in accordance with PREA have led the audit team to find the agency is in full compliance with this standard.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency utilizes a standardized training document to ensure all volunteers and contractors receive consistent and effective training. The training specifically addresses the duties and responsibilities of volunteers and contractors in regard to resident rights to be free from abuse and harassment, what to do if made aware of allegations, and how to respond and report. Training receipt and understanding is documented by volunteer/contractor signature and retained by agency staff. A thorough review of agency files on staff verify 100% of volunteers and contractors have received the training and verified through signature they understand it. Interviews with volunteers and contractors available during the audit assured the audit team the training is effective. For these reasons, the audit team has found the agency meets this standard.</p>

**115.233**

**Resident education**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) (b) (d) Agency policy requires 100% of residents arriving at Tri-Cap undergo PREA Intake Education which specifically addresses every element of this standard. The training goes so far as to require staff presenting the training to stop midway through to check on resident knowledge and understanding of the information received. This check on learning is even documented in the training materials with resident's initials to verify understanding. The agency has a standard poster hanging throughout the facility affectionately known as the "PREA Poster" or the Zero Tolerance" poster. A color copy of this poster is provided during this education session. The poster includes an abbreviated outline of resident rights, methods of reporting and a "victim support services" hotline. The training plan and materials sufficiently addresses the standard, and the agency has provided documentation demonstrating that 100% of current residents have received the training.

(c) The agency's standard practice is to provide residents with documentation containing all the information responsive to this standard, including a resident education packet, color copy of the agency's PREA Poster, and an initial intake PREA information sheet. Staff are then required to verbally cover all aspects of the written documentation provided. This ensures multiple methods of obtaining the information are provided. The agency does not allow non-English speaking residents and therefore not required to provide methods of understanding in multiple languages. That said, the agency does have access to translation services, to include sign language, if and when needed.

The audit team called the hotline and discovered this was a direct line for filing a report outside the agency and not a hotline for supportive services. The audit team has required the agency either change the phone number to reflect an actual number to supportive services, or indicated the number is another means of reporting and not a hotline to supportive services. Once the correction is made and evidence provided to the audit team, the agency will be in compliance with this portion of the standard.

(e) As mentioned throughout this standard, the agency provides residents with a PREA Intake Packet for future reference. The agency has also done a sufficient job at posting information by way of PREA Posters throughout the facility.

The audit team was able to determine the effectiveness of the agency's training model through formal interviews with residents as well as through casual conversation during the facility tour. All residents we engaged were thoroughly aware of every aspect of the agency's sexual safety standards.

Once the agency makes changes to PREA Poster and provides a copy to the audit team, the agency will be in full compliance with this standard.

Corrective action: The agency identified and partnered with Crisis Intervention Services who are willing to provide confidential services and support for sexual abuse and sexual harassment victims. Crisis Intervention Services operates a 24/7 toll-free hotline (800) 233-0022 and a local call center at (989) 792-9732. This information has been included on the agency's updated PREA Poster, posted throughout the facilities, provided to every resident, and is now included in new resident orientation/training and placed within the resident handbook. The audit team contacted both numbers which were operational and willing to provide the necessary supportive services at the time of the audit.

Furthermore, the agency included within its updated PREA Poster, another toll-free number (877) 517-7732 which is a direct line to the Michigan Department of Corrections PREA reporting hotline. This is just one of many options residents have for making third party reports of abuse/harassment.

For the reasons outlined above, the audit team now finds the agency meets this standard.

115.234	Specialized training: Investigations
	<p data-bbox="277 184 998 220"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 262 576 298"><b>Auditor Discussion</b></p> <p data-bbox="277 340 1453 625">.234(a)(b)(c) The agency does not conduct investigations into allegations of sexual abuse or harassment. Rather, the agency has entered into a Memorandum Of Agreement (MOA) with the local police department (Saginaw Police Department) to conduct all investigations on behalf of the agency. The Saginaw Police Department has agreed to provided officers skilled in conducting these types of investigations and the MOA states Saginaw Police Department will comply with all aspects of the PREA standards regarding investigations into allegations of sexual abuse.</p> <p data-bbox="277 661 1421 739">.234(d) The agency being audited is not a State entity or Department of Justice component. Therefore, this portion of the standard is not applicable to this audit.</p> <p data-bbox="277 774 1453 1060">The agency has sufficiently met the intent of this standard by contracting, though a signed agreement, with a law enforcement agency with the legal authority to conduct investigations into sexual abuse allegations. Furthermore, the law enforcement agency has agreed, through said written agreement, to fully comply with all aspects of the PREA standards regarding investigations into allegations of sexual abuse. Therefore, the audit team is finding the agency has met the standard.</p>

115.235	Specialized training: Medical and mental health care
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.235(a) The agency does not employ the services of medical nor mental health care workers in its facility. Rather, the agency refers any resident in need of medical or mental health care to outside facilities capable of providing these services. This portion of the standard is not applicable to this audit.</p> <p>.235(b)(c) All medical procedures, including forensic examinations are provided by the local hospital and not be staff employed by the agency. Therefore, this portion of the standard is not applicable to this audit.</p> <p>.235(d) No medical nor mental health care practitioners are employed by the agency rendering this portion of the stand not applicable to this audit.</p> <p>The audit process does not allow for a finding of “Not Applicable” and a finding of “Does Not Meet Standard” is inappropriate considering the agency does not employ medical nor mental health professionals. Furthermore, the agency has assured the audit team a practice is in place ensuring appropriate medical and mental health care is readily available to all residents in need at local facilities. Therefore, the audit team has found the agency is in full compliance with the intent of this standard and has found the agency meets the standard.</p>

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.241(a)(b) Agency policy requires all residents be screened within 72 hours of admission to the facility. Considering the agency operates a single facility, the requirement under this portion of the standard to ensure residents are screened upon transfer to another facility is not applicable for this audit.</p> <p>A thorough review of resident files revealed that not every resident present at the time of the audit had been properly screened within 72 hours of arrival at the facility nor within 30 days following the initial screening. The agency has adopted a standardized screening tool to conduct assessments, but some of the residents were only screened for aggressor potential and not screened completely for possible victimization. The audit team revealed their findings to the agency administrator and director who immediately implemented a plan to rectify the matter. The agency began reassessing every resident for risk of victimization or abusiveness. Within 30 days of the onsite, the agency had successfully assessed every current resident at the facility and began effectively assessing all new ride ins within 72 hours. The agency provided sufficient documentation to the audit team demonstrating their efforts before the interim audit was complete.</p> <p>.241(c)(d)(e) Agency policy does require the use of the Prison Rape Elimination Act (PREA) Risk Assessment sheet while conducting risk assessments. The risk assessment sheet is an objective tool staff use to guide them through the evaluation process in making a determination whether or not to classify a resident as victim or aggressor. The assessment tool covers all nine aspects required by this portion of the standard as well as considering past acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The assessment directs staff when to review past history, when to ask the resident their view/response to a topic and includes an opportunity for staff to override a resident's score if they feel it is necessary to keep all residents safe and secure. Any override requires a detailed explanation of the rationale as to why the screening staff person chose to override the findings of the assessment. Agency policy mandates staff conduct thorough interviews and reviews of resident files and any other available information in order to determine whether the resident may be a potential aggressor or potential victim of sexual abuse or harassment while incarcerated. Although the agency was not utilizing their assessing tool unilaterally to document these efforts, interviews with staff and residents revealed the agency was conducting informal assessments to determine potential risk of new ride ins in order to ensure the sexual safety of all.</p> <p>.241(f)(g) Agency policy requires a reassessment within 30 days of the resident's arrival at the facility in order to reassess the resident's risk for abusiveness or victimization based upon any additional information that may be known to the facility since the initial assessment. The same portion of policy requires a new</p>



assessment whenever warranted or requested by staff or the resident based off new information.

During the course of interviewing staff and residents, the audit team discovered the agency was not complying with this portion of the standard. However, the agency immediately completed reassessments of 100% of residents who have been at the facility greater than 30 days and for any resident under 30 days, a reassessment was conducted at an appropriate time before 30 days. The agency provided sufficient documentation to verify their efforts.

.241(h) Agency policy states a resident's refusal to provide information related to a risk assessment will not result in any form of discipline. Interviews with staff and residents revealed everyone was aware of the agency's standard on this matter and all residents revealed they felt comfortable answering the questions of the assessment.

.241(i) Agency policy states the information obtained during an assessment and the results of an assessment are confidential and strict controls are put into place to ensure the information is not made public. All assessments are kept as part of a resident's counselor's file and only counselors and their supervisors have access to the locked cabinets and locked offices where the assessments are kept.

Based on the information obtained during the file review, interviews with staff and residents, and agency's immediate efforts following the onsite visit, the audit team has determined the agency meets this standard.

**115.242**

**Use of screening information**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

.242(a)(b) Agency policy states housing and bed assignments are made based upon results of resident risk assessments. The agency operates with an open bay style setting allowing for staff to maintain continuous observation of residents at all times. In addition, interviews with staff and the administration have demonstrated residents at risk of victimization are placed closer to the offers desk to insure they are easily monitored and in close proximity to staff should intervention be necessary.

Upon conducting rounds of the facility, the audit team found that potential victims were placed appropriately and did not share bunks with known aggressors. Every resident interviewed indicated they felt safe at the facility and anyone coming to Tri Cap with an aggressor's mentality usually didn't last long as they were generally not suitable for the programming available at the facility. This was the general perspective of every resident interviewed by the audit team.

While conducting interviews with staff, including supervisory staff responsible for making bed assignments, all staff indicated that risk assessments were a part of making bed assignments, however, each bed assignment was made considering a totality of the circumstances and each assignment was an individualized determination based off those circumstances.

.242(c)(d)(e) Agency policy requires individuals to identify as genetically male or genetically female in order to participate in the program. The agency as turned away residents based upon their identification as transgender because the facility is not designed in a fashion where transgender residents can be awarded the privacy they are due.

Upon observing the showering facilities, the audit team noticed the showers, although separate for males and females, were open bay showers located within the only resident bathroom on each side of the facility. This set up is not conducive to allowing anyone the opportunity to shower separately. Due to the frequent movement by residents throughout the facility, it would be difficult to allow a single resident the specified showering time that limited the use of the only bathroom facility for the entire male/female side of the facility.

When discussing this during the staff interview with supervisors and facility heads, the agency head concluded they do not have the facilities conducive to meeting the specific needs of transgender nor intersex residents. Therefore, the agency would not allow a known transgender nor intersex resident to reside at the facility absent

significant physical plant changes. Because the standard requires the agency make provisions for this specific population if present within the agency but does not require a Community Confinement facility to accept any specific population into their facilities, the agency is currently in compliance with this portion of the standard. However, should the agency find itself deciding to accept transgender and intersex residents in the future, deliberate actions must be made to ensure this portion of the standard is fully complied with.

.242(f) Agency policy prohibits the placing of residents in specific rooms or wings based upon their status as lesbian, gay, bisexual, transgender, or intersex. The fact the facility operates as an open bay style facility, doing so is not possible.

Based off a detailed review of agency policy, a thorough tour of the agency's facility, and informal and formal interviews with staff and residents, the audit team is confident the agency is utilizing the information derived from resident risk assessments in full compliance with the standards and in doing so is insuring the sexual safety of all residents in their care. For these reasons, the audit team has found the agency meets this standard.

115.251	Resident reporting
	<p data-bbox="277 184 998 220"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 262 576 298"><b>Auditor Discussion</b></p> <p data-bbox="277 340 1469 583">(a) agency policy and resident education documents outlines multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation, and neglect. These methods include reporting to any staff member, volunteer, or contractor, submit an allegation in writing, report to the agency's PREA Coordinator, tell anyone in community including friends, family, legal counsel, law enforcement, or allow other residents to report on their behalf.</p> <p data-bbox="277 625 1429 781">(b) The agency also posts throughout the facility outlining the methods as well as publishing a hotline that connects residents to the Michigan Department of Corrections (MDOC) PREA liaison. This hotline will generate an immediate investigation by the MDOC on behalf of the alleged victim.</p> <p data-bbox="277 823 1469 1024">(c) Agency policy and practice requires staff to accept any report no matter who it comes from or how the report is made. All reports, regardless of the report is made, is referred for investigation. Verbal reports are accepted and handled in the same fashion as written reports and documented in the agency's critical incident reporting logs.</p> <p data-bbox="277 1066 1445 1180">(d) Agency policy allow for staff to report in all the same ways as residents as well as privately reporting to supervisors, the MDOC hotline, or outside entities such as law enforcement.</p> <p data-bbox="277 1222 1445 1335">Interviews with staff and residents alike verify the agency has done a sufficient job of educating residents and staff of the various methods of reporting available. For these reasons, the audit team finds the agency meets this standard.</p>

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a grievance process to allow residents to file grievances regarding conditions and methods of treatment. However, agency policy strictly indicates the grievance process is not intended nor required for matters of reporting sexual abuse or harassment. Policy specifically states that grievance forms cannot and will not be used to report instances of abuse or harassment of a resident. Rather, any report of abuse or harassment submitted on a grievance form is handled in accordance with agency policy in responding to any written report of abuse or harassment. Similar language is outlined on the grievance form itself and residents are informed of this policy during intake. Therefore, because the agency does not have "administrative procedures to address resident grievances regarding sexual abuse" or sexual harassment, this standard does not apply and the audit team finds they have met the standard.</p>

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p data-bbox="277 184 997 218"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 260 574 294"><b>Auditor Discussion</b></p> <p data-bbox="277 336 1468 831">During the audit it was discovered the agency had not provided residents with information to access outside confidential support services. That said, upon conducting interviews with residents, most were able to provide the auditors with information about services they could contact in the community but were unsure as to the caliber of services offered. With this information, the agency agreed to make affirmative efforts to identify an agency/agencies in the community who were willing and able to provide said services. It was discovered that services were not available free of charge, and because the agency is unable to cover the financial burden of these services, coupled with the fact most, if not all, residents lack the means or insurance to cover intensive services, none of the agencies contacted were willing to enter into an MOU with the agency. The agency has shared their correspondence to verify efforts and has agreed to retain said correspondence.</p> <p data-bbox="277 869 1468 1276">One community advocacy group (Sexual Assault Center - Saginaw) agreed to provide limited services via telephone for residents at the agency. They verified this commitment via email but declined to sign an MOU. The agency has agreed to post the hotline to Sexual Assault Center - Saginaw throughout the facility and to educate every resident regarding access to services via the hotline along with the limits of confidentiality when discussing or revealing instances of abuse. Once the agency provides the audit team with documentation that 100% of residents have been educated of the hotline and limits on confidentiality, the agency will be in compliance. Until then, the audit team has found the agency does not meet the standard.</p> <p data-bbox="277 1314 526 1348">Corrective action:</p> <p data-bbox="277 1386 1451 1755">The agency identified and partnered with Crisis Intervention Services who are willing to provide confidential services and support for sexual abuse and sexual harassment victims. Crisis Intervention Services operates a 24/7 toll-free hotline (800) 233-0022 and a local call center at (989) 792-9732. This information has been included on the agency's updated PREA Poster, posted throughout the facilities, provided to every resident, and is now included in new resident orientation/training and placed within the resident handbook. The audit team contacted both numbers which were operational and willing to provide the necessary supportive services at the time of the audit.</p> <p data-bbox="277 1793 1451 1953">Furthermore, the agency included within its updated PREA Poster, another toll-free number (877) 517-7732 which is a direct line to the Michigan Department of Corrections PREA reporting hotline. This is just one of many options residents have for making third party reports of abuse/harassment.</p> <p data-bbox="277 1990 1403 2066">For the reasons outlined above, the audit team now finds the agency meets this standard.</p>

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Agency policy requires staff at any level to respond any allegation of sexual abuse or harassment regardless of how the information/report is received. This includes accepting reports from third parties. The agency has gone so far as to publish a hotline resident, and staff, are allowed to utilize to make a report outside the agency's purview initiating a third party report. Interviews with staff reveal 100% are aware of their duty to respond to third-party reports and interviews with residents reveal they are aware of their ability to report via third parties.</p> <p>Because the agency has an effective policy and practice for addressing third party reporting, educating staff and residents of the practices, the agency is in clearly in compliance with the standard. However, because the agency has actually published a hotline for resident use in this matter, the audit team finds the agency has exceeded the standard</p>

**115.261**

**Staff and agency reporting duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

261(a) Agency policy requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment occurring in the facility, retaliation against reporting in such incidents, and any staff neglect or violation of responsibility that may have contributed to an incident or to retaliation.

There have been no reports of incidents of sexual abuse or sexual harassment to facility staff, therefore, no documentation exists to demonstrate compliance.

However, detailed interviews with staff reveal that every staff member, without exception, understands their duty to report and that failure to do so will result in disciplinary action. The audit team is fully convinced agency staff understand their duty and will exercise it when necessary.

.261(b) Agency policy requires staff to not reveal any information related to a sexual abuse or harassment report to anyone other than to the extent necessary, to make treatment, investigative, and other necessary security management decisions.

Again, the audit team is dependent upon feedback from staff as to whether they understand this requirement and determine their willingness to comply. Staff are fully aware of their duties and responsibilities in maintaining confidentiality in these matters.

.261 (c) Agency policy requires medical and mental health practitioners to report sexual abuse pursuant to this standard. However, the agency does not currently employ medical nor mental health staff. Therefore, compliance with this portion of the standard is dependent upon compliance with PREA standard 115.232 Volunteer and Contractor Training. Because the agency is currently compliant with 115.232, the audit team finds the agency is in full compliance with this standard.

.261(d) The agency does not allow residents under the age of 18 nor vulnerable adults as they are not suitable for programming requirements at the facility. Therefore, this portion of the standard is not applicable.

.261(e) Agency policy, as noted in sub-section (a) above requires any and all reports or knowledge of incidents be immediately reported. The same policy ensures the agency's PREA Coordinator is notified of such incidents or knowledge ensuring all response requirements are followed appropriately, including reporting such information to local law enforcement in accordance with the agency's MOU with Saginaw Police.

Based off the information outlined above, the audit team has determined the agency is in compliance with this standard



<b>115.262</b>	<b>Agency protection duties</b>
	<p data-bbox="277 184 998 220"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 262 576 298"><b>Auditor Discussion</b></p> <p data-bbox="277 340 1380 457">Agency policy requires when any staff learns that a resident is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the resident.</p> <p data-bbox="277 499 1453 781">While conducting interviews with various staff, it was apparent that every staff member was aware of this requirement. When probed, all staff responded appropriately indicating they would immediately separate the resident from the threat, ensuring continued safety of the resident while reporting the circumstances to supervisory staff and the PREA Coordinator who would provide follow on instructions appropriate for the specific situation. When asked, every staff member indicated they would not leave a resident alone whom they thought was at risk.</p> <p data-bbox="277 823 1461 1024">While conducting the facility tour, the audit team noticed several resources available to the agency to ensure the safety of an individual resident, even if temporarily, while the situation was investigated, and more permanent or long-term plans could be made. Options noted include office and classrooms where residents could be placed if needed.</p> <p data-bbox="277 1066 1445 1102">For these reasons, the audit team has determined the agency meets this standard.</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a)(b)(c)(d) Agency policy requires, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Agency Director that received the allegation shall notify the Agency Director of the facility where the alleged abuse occurred. Agency policy requires such notification be provided as soon as possible, but no later than 72 hours after receiving the allegation and requires the Agency Director to document they have provided such notification. There are no instances of such an allegation being presented at the facility and therefore no documentation by which to base a decision. That said, interviews with upper-level administrative staff, including the Director, reveal everyone is aware of this requirement and voiced a willingness to comply if and when necessary.</p> <p>For the reasons noted above, the audit team finds the agency meets this standard.</p>

**115.264**

**Staff first responder duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a)(b) Agency policy lays out the requirements for staff to follow in response to becoming aware of an incident of sexual abuse. The policy outlines that staff shall:

1. Separate the alleged victim from the alleged abuser.
2. Immediately secure the location of the assault and not allow other staff or resident to enter the area. No evidence in the area should be touched or removed pending the arrival of law enforcement personnel.
3. Regarding the victim: staff shall continuously monitor and observe, respond in a sensitive, supportive, and non-judgmental manner, not allow the victim to leave the facility, ask the victim not to shower, wash, brush teeth, eat, drink, urinate, defecate, smoke or change clothing.
4. Regarding the perpetrator: not allow the perpetrator to sign out of the facility and attempt to not tip the perpetrator off regarding the allegation, if signed out, notify law enforcement of the location of the perpetrator to be picked up at that location, and prohibit the perpetrator from using the bathroom facilities, change clothing, eat or drink.

The audit team conducted detailed interviews regarding the requirements of staff who may find themselves as the first to respond to an incident of sexual abuse.

Most staff readily provided the team with appropriate responses. Some were obviously nervous about being interviewed and stumbled somewhat while responding.

It is recommended, but not a condition of compliance, the agency develop a one-page cheat sheet outlining the steps staff should take when responding to an allegation. This reference can be retained at work stations for easy access by custody staff and within private offices for administrative and support staff reference.

Because there have been no instances of sexual abuse occurring at the facility the audit team is not able to verify compliance through documentation of the incident.

Therefore, the audit team must rely on agency policy and responses from staff regarding their duties as a first responder in making a determination of compliance.

Due to the detailed policy and appropriate responses from staff during interviews, the audit team finds the agency meets this standard.

115.265	Coordinated response
	<p data-bbox="277 184 997 218"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 260 574 294"><b>Auditor Discussion</b></p> <p data-bbox="277 336 1468 621">Agency policy act as the agency's written institutional plan to coordinate actions taken in response to every incident of sexual abuse, among first responders, mental health staff practitioners, investigators, and facility leadership. Policy outlines every action required of staff including what to do with alleged victims and abusers, how to protect any physical evidence, who to contact, including law enforcement and medical staff, reports to complete, and facility leadership to contact. The policy is exhaustive and appropriate.</p> <p data-bbox="277 659 1463 861">While conducting interviews with staff, everyone was aware of their duties and responsibilities where to reference policy if necessary. Furthermore, as mentioned in the auditor's response to PREA Standard 115.264, staff response to their duties during an incident were appropriate and demonstrated a thorough understanding of their duties and responsibilities following an incident.</p> <p data-bbox="277 898 1360 932">For these reasons, the audit team has found the agency meets this standard.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency is a privately operated non-profit providing services, under contract, with the Michigan Department of Corrections and other local courts and jails to provide community probation services. Staff employed by the agency are not unionized nor are they subject to any collective bargaining agreements.</p> <p>Furthermore, upon conducting staff interviews with the Agency Director, he indicated there are no current unions or bargaining agreements, however, if the time came that this was ever the case, he would ensure agreements are NOT in violation of PREA.</p> <p>Therefore, because the PREA audit process does not allow for a finding of not applicable, the audit team finds the agency meets this standard.</p>

**115.267 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a) Agency policy establishes the agency's response to ensuring the protection against retaliation of any resident or staff who report sexual abuse or harassment, or who cooperate with an investigations into these reports.

Agency policy states it is the responsibility of the agency's senior case manager or case manager to ensure retaliation monitoring is being conducted. During the on-site visit, when the audit team inquired about the duty/responsibility of retaliation monitoring, appropriate staff were aware of the requirements of retaliation monitoring.

(b) Agency policy outlines multiple protection measures to be taken to ensure retaliation is not occurring. Policy outlines the following measures:

1. Bunk changes,
2. Removal of alleged staff or resident abusers from contact with retaliators
3. Emotional support services for residents or staff who fear retaliation

(c)(d) Agency policy states retaliation monitoring shall occur for a least 90 days following a report. For these 90 days, the assigned retaliation monitor shall monitor the conduct and treatment of residents or staff who reported abuse, and of residents who reported to have suffered abuse, and shall act promptly to remedy any instance of retaliation. Monitoring shall include reviewing resident disciplinary records, progress and case notes, periodic resident status checks, a review of housing and program changes, and negative performance reviews or reassignments of staff.

Policy requires and extension beyond 90 days if the initial monitoring indicates a continued need, and periodic status checks during the monitoring period.

(e)(f) Agency policy also requires the same implementation of monitoring for anyone individual who cooperates with an investigation who expresses fear of retaliation. All monitoring obligations terminate if an investigation determines the allegation is unfounded.

The agency has met all the policy requirements to meet this standard. There have been no allegations of abuse nor harassment at the facility preventing the audit team from verifying compliance through documentation. Therefore, the audit team must rely upon the agency's policy and staff interviews in order to determine compliance.

While conducting interviews with staff, the audit team was assured by the Agency Director, PREA Coordinator, Senior Case Manager, and Case Manager that they were

aware of and ready to implement retaliation monitoring efforts in compliance with their policy and these standards should they receive an allegation of abuse in the future.

Based off the detailed policy implemented by the agency and staff ability to articulate accurately the need for retaliation monitoring, the audit team has found the agency meets this standard.

115.271

**Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

(a)(h) Agency policy requires all allegations of sexual abuse be referred to law enforcement with the legal authority to conduct criminal investigations. The agency has established an MOU with Saginaw Police Department to conduct all allegations of sexual abuse and sexual harassment on behalf of the agency. Therefore, this portion of the standard does not apply to this audit.

(b)(c)(l) Because the agency relies on local law enforcement officers to conduct all investigations and Michigan law requires any law enforcement office to be certified by the Michigan Commission on Law Enforcement Standards (MCOLES), any allegation received by the agency is assigned to an investigator trained by law to conduct these investigations. Law enforcement investigators understand how to collect and preserve evidence, including physical and DNA evidence. Agency staff are sufficiently trained to assist when requested by investigators to ensure crime scenes are protected and alleged victims and aggressors are prevented from eroding potential evidence.

(d) Because the agency relies upon outside law enforcement to conduct all investigations, no agency staff are conducting compelled interviews at any time. This is left to trained law enforcement officers only. Interviews with staff reveal appropriate understanding of this requirement.

(e) Law enforcement officers, by way of their profession and training, assign credibility to the facts of an allegation rather than the status of individuals involved. Furthermore, law enforcement officers are removed from the view of the agency allowing them to remain impartial throughout the investigative process.

(f) Administrative investigations are conducted upon receipt of any allegation to ensure staff actions or failures to act contributed to an incident. All inquiries and investigations are thoroughly documented in written reports. At the time of the audit, the agency had no administrative investigations to conduct and therefore no reports to review.

(g) Local law enforcement agencies responsible for conducting investigations are responsible for documenting the outcome of the investigation in detailed written reports. Although the Saginaw Police Department has agreed to provide those reports once completed, the agency has endeavored to remain engaged at every step of the process to ensure this requirement is not overlooked. Due to the nature of programming at the agency and the fact that residents are present as a condition of parole, any abuser is returned to the custody of the Michigan Department of Corrections immediately following an incident of abuse or harassment.

(i) Agency policy does not address the term of retention of investigative reports. The agency will need to include this in policy number 20700.8 before full



compliance can be found for this standard. Once the policy is updated and a copy provided to the audit team, the agency will be fully compliant.

(j) Agency policy does not address the requirement of continuing investigations regardless of the departure of the alleged abuser or victim. This will need to be added to policy before full compliance can be found.

(k) The agency is not State entity or DOJ component. Therefore, this portion of the standard does not apply to this standard.

The audit team has determined the agency does not meet this standard due to lacking specific language in policy addressing portions of this standard. Specifically, retaining investigative reports nor the obligation of the agency to continue with investigations regardless of the departure of an alleged abuser or victim from the agency. Once policy is updated and submitted to the audit team, the agency will be fully compliant.

Corrective Action: The agency updated policy (2-700.8) requiring the agency to complete the investigation process and fulfill all of its obligations until the investigation is complete regardless of whether the abuser or the victim is employed or residing with the agency. This same policy now requires the agency to retain all written reports referenced in any investigation for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Due to the corrections and updates to policy, along with agency staff demonstrating an understanding of the policy changes, the audit team now finds the agency to meet this standard.

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy does not address the standard by which an agency determines the outcome of an administrative investigation. The agency will have to include this language into a policy before full compliance can be found.</p> <p>Corrective Action: The agency updated policy (2-700.8) to include a requirement that the agency impose a standard no higher than the preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated. Interviews with staff verify a sufficient understanding of the meaning of preponderance of the evidence. For these reasons, the audit team now finds the agency meets this standard.</p>

<b>115.273</b>	<p data-bbox="261 92 1484 1566"><b>Reporting to residents</b></p> <p data-bbox="261 155 1484 239"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="261 239 1484 323"><b>Auditor Discussion</b></p> <p data-bbox="261 323 1484 512">(a)(b)(c)(d) Agency policy establishes standards to ensure investigative reports are requested from the law enforcement agency conducting an investigation. The information contained within these reports are used to inform residents of the outcome of the investigations, including:</p> <p data-bbox="261 512 1484 575">For staff abuser allegations:</p> <ul data-bbox="261 575 1484 953" style="list-style-type: none"> <li data-bbox="261 575 1484 638">• The staff member is no longer posted in the facility</li> <li data-bbox="261 638 1484 701">• The staff member is no longer employed at the facility</li> <li data-bbox="261 701 1484 827">• TRICAP learns that the staff member has been indicted on a charge related to sexual abuse within the facility</li> <li data-bbox="261 827 1484 953">• TRICAP learns the staff member has been convicted on a charge of sexual abuse within a facility</li> </ul> <p data-bbox="261 953 1484 1016">For resident abuser allegations:</p> <ul data-bbox="261 1016 1484 1247" style="list-style-type: none"> <li data-bbox="261 1016 1484 1121">• TRICAP learns that the alleged abuser has been indicated on a charge related to sexual abuse within a facility</li> <li data-bbox="261 1121 1484 1247">• TRICAP learns that the alleged abuser has been convicted on a charge related to sexual abuse within a facility</li> </ul> <p data-bbox="261 1247 1484 1394">(e)(f) All such notifications are documented on the Reporting to Residents Form and retained in the resident’s file. Obligation to notify terminates only upon the release of the resident victim from the agency.</p> <p data-bbox="261 1394 1484 1566">Formal and informal interviews with staff reveal a thorough understanding of this requirement. For these reasons, the audit team has determined the agency meets this standard.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy requires every allegation of abuse or harassment be referred to law enforcement. Policy also states any staff member found guilty of violating agency policy or law in regard to sexual abuse or harassment shall be terminated from the agency. Interviews with staff reveal every person employed by the agency understands that zero tolerance means they will no longer be employed by the agency if found to have engaged in any form of abuse or harassment and every allegation is referred for investigation by local law enforcement.</p> <p>For the reasons outlined above regarding agency policy, the audit team finds the agency meets this standard.</p>

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy states any contractor, volunteer, or intern who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal. Remedial measures will be taken in the case of any violation of agency sexual abuse or sexual harassment policies, up to and including prohibiting further contact with residents.</p> <p>Interviews with staff revealed a full understanding of this process. Furthermore, interviews with available contractors and volunteers reveal a thorough understanding of the consequences of such behavior. For these reasons, the audit team finds the agency meets this standard.</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy states residents involved in sexually abusive or assaultive behavior will be subject to investigation and the TRICAP disciplinary process. Residents found guilty of sexual abuse/harassment shall face disciplinary sanctions up to and including termination from TRICAP. A resident's mental disability or mental illness contributing to his or her behavior shall be considered when determining a sanction. Residents may also be required to participate in counseling, therapy or other interventions, if available.</p> <p>Residents may only be disciplined for sexual contact with staff upon a finding that the staff member did not consent to such contact.</p> <p>For the purpose of disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred shall not constitute a falsely reporting an incident or lying.</p> <p>Interviews with staff and residents reveal everyone is sufficiently aware of this policy. For these reasons, the audit team finds the agency meets this standard.</p>

115.282	Access to emergency medical and mental health services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a)(b) Agency policy states resident victims of sexual abuse shall receive timely and unimpeded access to emergency medical treatment and crisis intervention from the local hospital. The local hospital has employs SANE/SAFE certified staff to conduct forensic exams as well as employ advocates to provide supportive services for victims. Agency policy also allows the medical professionals the authority to determine the type and scope of treatment rendered.</p> <p>(c)(d) Agency policy requires the timely offering of information and access to emergency contraception and sexually transmitted infections prophylaxis and all services covered under this standard are provided at no cost to the resident. The local hospital ensures these measures are taken for any victim of abuse.</p> <p>Agency policy sufficiently addresses this standard in its entirety. However, much like previous standards addressed in this audit, the lack of allegations at this facility require the audit team to defer to understanding of the agency’s requirements to ensure compliance if or when an incident occurs. Upon conducting detailed interviews with staff, it was apparent to the audit team that the agency had done an excellent job of communicating the requirements of this policy, in practice, to everyone. Every staff member interviewed understood the requirement to contact medical emergency services by dialing ‘911’ and to allow all medically appropriate services in accordance with the assessment of the medical professionals. For these reasons, the audit team has determined the agency meets this standard.</p>

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>(a) Agency policy and practice ensures access to community-based medical and mental health evaluations and treatment where necessary. The community of Saginaw has volunteer services which provide medical and mental health services when and were necessary. Furthermore, the agency relies heavily upon the local hospital and emergency room which are equally as capable of providing sufficient services to victims when and where necessary.</p> <p>(b) The agency only operates a single facility to ensuring services continue upon transfer are not necessarily applicable to this audit. However, the agency does ensure residents are aware of continued services upon release from the facility.</p> <p>(c) Agency policy addresses the requirement for the agency to ensure services provided are consistent with the community level of care. Considering the agency relies on the community to provide these services, the standard of care is certainly consistent.</p> <p>(d)(e)(f) Agency policy ensures the following for resident victims of sexual abuse:</p> <ol style="list-style-type: none"> <li>1. Tests for sexually transmitted infections</li> <li>2. Free pregnancy tests</li> <li>3. Comprehensive information about pregnancy related medical services</li> <li>4. Access to all lawful pregnancy related medical services</li> </ol> <p>(g)(h) the agency ensures all services provided to victims of sexual abuse shall be offered at no cost to the victim. The agency will make a referral for the 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 the mental health professionals.</p> <p>The audit team has closely reviewed agency policy pertaining to this standard and is satisfied policy appropriately addresses the requirements of this standard. Due to the lack of incidents requiring these services which also means there is no documentation to review, the audit team is left with determining compliance based off staff understanding of the requirements. Like several standards before, the agency has done an excellent job putting into place the training, tools, and insuring staff understanding in order to meet compliance. Therefore, the audit team has determined the agency meets this standard.</p>	



<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy requires a sexual abuse incident review within 30 days of the conclusion of an investigation unless the outcome of the investigation results in a finding of unfounded. Policy also requires the review team to consist of the Executive Director, Administrative Manager, PREA Coordinator, Senior Case Manager and any other staff member appropriate for each review. Input from investigators, supervisors, applicable medical/mental health professionals, if available, are considered during the review.</p> <p>The following is required, per policy, while conducting reviews:</p> <ol style="list-style-type: none"><li>1. Whether there is a need to change policy or procedure,</li><li>2. The motivation for the incident or allegation,</li><li>3. The area in which the incident allegedly occurred and barriers in the area that may enable abuse,</li><li>4. The adequacy of staffing levels in that area, and</li><li>5. An assessment of monitoring technology.</li></ol> <p>The review is documented in a written report and includes any recommendations for improvement. Appropriate recommendations are implemented by the Administrative Manager and documented.</p> <p>No reviews of allegations have been conducted due to no abuse investigations having been conducted. However, interviews with all applicable staff reveal everyone is aware of this requirement and will implement reviews when appropriate. For these reasons, the audit team has found the agency meets this standard.</p>

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Agency policy does not sufficiently address this standard nor has the agency provided a means by which the data required by this standard is collected. The agency must include within policy the requirement to collect accurate, uniform data for every allegation of abuse and aggregate said data at least annually. The agency is encouraged to utilize the most current version of the Survey of Sexual Violence data collection form developed by the Department of Justice or to use said tool in developing an in-house version of the same.</p> <p>Policy must also include the requirement to provide all data collected under this standard to the Department of Justice no later than June 30 of each year, if requested to do so.</p> <p>Corrective Action: The agency has updated its policy (2-700.11) to require the agency to collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions utilizing DOJ SSV-4, or a similar report. Agency procedure requires incident-based data to include, at a minimum, the data necessary to answer the SSV-4 and shall be submitted to the DOJ upon request. This data must be securely retained and maintained for at least 10 years. Agency procedure requires the maintenance, collection, and review of data as needed from all available incident-based documents, including reports, investigation files, and incidents of abuse or harassment. The agency has completed an SSV-4 for the year covering this report revealing zero incidents of abuse or harassment occurring under the agency's control. Because this is the agency's first audit, there are no previous years to compare this year's data and therefore no Director's report required for compliance with this audit. Going forward, the agency will need to continue aggregating data annually, and authorizing an annual report comparing data in order to be fully compliant with future audits. Detailed conversations with agency leadership during the corrective action period reveal a full understanding of this requirement.</p> <p>For the reasons mentioned above, the audit team now finds the agency meets this standard.</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<p data-bbox="277 184 997 218"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 260 574 294"><b>Auditor Discussion</b></p> <p data-bbox="277 336 1463 537">Because the agency is not compliant with standard 115.287, the agency, therefore, cannot be in compliance with this standard. Once the agency has sufficiently addressed 115.287 and added the following requirements to policy, the agency will be found in compliance with this standard as well. The following requirements must be included in policy addressing 115.287:</p> <p data-bbox="277 575 1430 693">Upon completing data collection required in standard 115.287, the agency shall review the following in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training:</p> <ol data-bbox="298 730 1455 1033" style="list-style-type: none"> <li data-bbox="298 730 760 764">1. identifying any problem areas,</li> <li data-bbox="298 802 1024 835">2. Taking corrective action on an ongoing basis, and</li> <li data-bbox="277 873 1455 1033">3. Prepare an annual report of its findings and corrective actions. The report must 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 toward addressing abuse.</li> </ol> <p data-bbox="277 1071 1430 1188">The final report must be approved by the Executive Director and published on the agency's website. Upon completion of the above, the agency will be found in full compliance with this standard.</p> <p data-bbox="277 1226 1463 1549">Corrective Action: The agency has sufficiently addressed the requirement to update policy (2-700.11) in order to meet compliance with standard 115.287. The agency has had zero allegations of sexual abuse this year. Because this is the agency's first audit and subsequently first time aggregating such data, there is no past data by which to make a comparison. Therefore, a detailed report of such a comparison is not necessary to meet full compliance with the standard. However, going forward, the agency will need to continue aggregating data annually, and authorizing an annual report comparing data in order to be fully compliant with future audits.</p> <p data-bbox="277 1562 1438 1638">Detailed conversations with agency leadership during the corrective action period reveal a full understanding of this requirement.</p> <p data-bbox="277 1675 1438 1751">For the reasons mentioned above, the audit team now finds the agency meets this standard.</p>

115.289	Data storage, publication, and destruction
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has not provided a policy addressing this standard. In addition to meeting the requirements outlined for compliance in standards 115.287 and 115.288, the agency must address the data storage, publication, and destruction requirements outlined in this standard. Once the agency has met compliance with 115.287 and 115.288, along with addressing these matters in policy, the agency will be in full compliance with this standard.</p> <p>Corrective Action: The agency is now fully compliant with standards 115.287 and 115.289. Furthermore, the agency has updated policy (2.700-11) to include language requiring the secure retention of all sexual abuse data collected by the agency for a minimum of 10 years. Detailed conversations with agency leadership during the corrective action period reveal a full understanding of this requirement. For these reasons the audit team now finds the agency meets this standard.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This is the second year of the current audit cycle and the agency's first audit for PREA compliance. The agency does not contract for the confinement of its residents but does house residents on behalf of the Michigan Department of Corrections. The agency's willingness to undergo a certified audit makes them compliant and therefore meets this standard.

<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 agency's first certified PREA audit. Therefore, there have been no final audit reports to publish. However, the agency will be required to publish this report, once finalized, in order to be in compliance for subsequent audits.</p> <p>For the purposes of this audit, a finding of not applicable is not an option. Therefore, the audit team must find the agency meets this standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (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>115.211 (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 community confinement facilities?	yes
<b>115.212 (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.)	na
<b>115.212 (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.)	na

<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes



<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	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?	yes
<b>115.215 (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 the resident's genital status is unknown, does the facility 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?	yes
<b>115.215 (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>115.216 (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: Residents who have speech 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: 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	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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>115.216 (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>115.216 (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 safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

<b>115.217 (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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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 the 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 the 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 questions immediately above ?	yes
<b>115.217 (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 who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

<b>115.217 (c)</b>	<b>Hiring and promotion decisions</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, 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>115.217 (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
<b>115.217 (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>115.217 (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 employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.217 (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>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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>115.218 (a)</b>	<b>Upgrades to facilities and technology</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>115.218 (b)</b>	<b>Upgrades to facilities and technology</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 any 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>115.221 (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.)	na

<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (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>115.221 (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>115.221 (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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (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? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
<b>115.222 (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>115.222 (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>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

<b>115.231 (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 confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	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?	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

<b>115.231 (b)</b>	<b>Employee training</b>	
	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>115.231 (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>115.231 (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>115.232 (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>115.232 (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>115.232 (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>115.233 (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
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</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>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</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>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na

<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	na
<b>115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	na

<b>115.235 (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.)	na
	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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	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.)	na
<b>115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (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.)	na



<b>115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

<b>115.242 (c)</b>	<b>Use of screening information</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>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (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: 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>115.251 (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 entity or office that is not part of the agency?	yes
	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
<b>115.251 (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>115.251 (d)</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>115.252 (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.	no

<b>115.252 (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.)	na
	Does the agency always refrain from requiring a 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.)	na
<b>115.252 (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.)	na
	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.)	na
<b>115.252 (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.)	na
	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 is 70 days per 115.252(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.)	na
	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.)	na



115.252 (e)	Exhaustion of administrative remedies	
	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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party 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.)	na
	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.)	na

<b>115.252 (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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
<b>115.252 (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.)	na

<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</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>115.254 (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>115.261 (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 regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against 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 information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.261 (e)</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>115.262 (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>115.263 (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
<b>115.263 (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>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (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 accordance with these standards?	yes

<b>115.264 (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>115.264 (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>115.265 (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>115.266 (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>115.267 (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>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	<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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any 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:4. 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes



<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (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>115.271 (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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	na
<b>115.271 (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 as required by 115.234?	yes
<b>115.271 (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>115.271 (d)</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>115.271 (e)</b>	<b>Criminal and administrative agency investigations</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>115.271 (f)</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>115.271 (g)</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>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</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 does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (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>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (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>115.273 (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 has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a 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>115.273 (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>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (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>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (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>115.276 (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>115.277 (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>115.277 (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>115.278 (a)</b>	<b>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, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are 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
<b>115.278 (c)</b>	<b>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>115.278 (d)</b>	<b>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 require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>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>115.278 (f)</b>	<b>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>115.278 (g)</b>	<b>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>115.282 (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>115.282 (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 security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (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>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (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>115.283 (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>115.283 (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>115.283 (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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (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 § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (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>115.283 (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 cooperates with any investigation arising out of the incident?	yes
<b>115.283 (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>115.286 (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>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (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>115.286 (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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

<b>115.286 (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>115.287 (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?	no
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	no
<b>115.287 (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?	no
<b>115.287 (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?	no
<b>115.287 (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 the confinement of its residents.)	na
<b>115.287 (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.)	na

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 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?	no
	Does the agency review data collected and aggregated pursuant to § 115.287 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?	no
	Does the agency review data collected and aggregated pursuant to § 115.287 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?	no
<b>115.288 (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?	no
<b>115.288 (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?	no
<b>115.288 (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 publication would present a clear and specific threat to the safety and security of a facility?	no
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	no

<b>115.289 (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?	no
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	no
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	no
<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.)	yes
	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.)	yes

<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 residents?	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.)	na