

PREA Facility Audit Report: Final

Name of Facility: Elmhurst Men's and Women's Treatment Facilities Complex

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/04/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Amy J Fairbanks	Date of Signature: 10/04/ 2023

AUDITOR INFORMATION	
Auditor name:	Fairbanks, Amy
Email:	fairbaa@comcast.net
Start Date of On-Site Audit:	06/12/2023
End Date of On-Site Audit:	06/13/2023

FACILITY INFORMATION	
Facility name:	Elmhurst Men's and Women's Treatment Facilities Complex
Facility physical address:	245 Pitkin Street, Highland Park, Michigan - 48203
Facility mailing address:	12010 Linwood , Detroit, Michigan , Michigan - 48206

Primary Contact	
Name:	Rachel Oden
Email Address:	roden@ehinc.org
Telephone Number:	313-865-1500 ext:314

Facility Director	
Name:	Sarina Oden
Email Address:	soden@ehnic.org
Telephone Number:	313-333-0039

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	84
Current population of facility:	58
Average daily population for the past 12 months:	80
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-80
Facility security levels/resident custody levels:	probation
Number of staff currently employed at the	62

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	10

AGENCY INFORMATION	
Name of agency:	Elmhurst Home, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	12010 Linwood, Detroit, Michigan - 48206
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Rachel Oden	Email Address:	roden@ehinc.org

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-06-12
2. End date of the onsite portion of the audit:	2023-06-13

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	84
15. Average daily population for the past 12 months:	80
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	99
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:	5
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:	5
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:	0
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:	1
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:	0
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:	2

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>10</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>Some numbers are estimations.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>53</p>
<p>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:</p>	<p>0</p>

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>16</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Residents interviewed were selected from each housing area.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
<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>	
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:	1
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:	3
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:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>Overall observations of residents confirmed this to be true.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>Overall observations of residents confirmed this to be true.</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>Overall observations of residents confirmed this to be true.</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>Overall observations of residents confirmed this to be true.</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>Overall observations of residents and review of documentation confirmed this to be true.</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>There is no segregation operation at this facility.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>9</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</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>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>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):</p>	<p>All staff who conduct searches present during the two day audit were interviewed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <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)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	This agency does not use volunteers or contractual staff.

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.

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

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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).</p>	<p>No text provided.</p>
<p>Documentation Sampling</p>	
<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>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text 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
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	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
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	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
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	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
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	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:	There were no sexual abuse allegations made during the audit review period.

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

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no sexual harassment allegations made during the audit review period.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</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>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</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>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The auditor gathered, analyzed, reviewed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Established definitions related to Sexual Abuse · Organization chart · Interview with the CEO and COO · Interview with the PREA Coordinator · FAQ <p>Prison Rape Elimination Act (PREA) Policy <i>It is the policy of Elmhurst Home Inc. (EHI) to institute and practice policies and procedures establishing guidelines following the MDOC Prison Rape Elimination Act of 2003 from admission to discharge. EHI has</i></p>

a zero tolerance for any forms of sexual abuse or sexual harassment toward the Michigan Department of Corrections clients and retaliation for anyone who reports this behavior or fears retaliation for participating in an investigation. This policy sets forth to outline efforts in prevention, detection and response to all forms of sexual abuse and sexual harassment towards our clients. EHI has designated Ms. Rachel Oden and Ms. Marsy Alston as PREA Coordinator who are responsible for overseeing agency efforts to comply with PREA standards. EHI shall ensure this person has direct access to the Ms. Sarina Oden and is granted sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. According to the organization chart, the PREA Coordinator, reports directly to the COO. Interviews with the CEO and COO confirmed to the auditor that they are committed to member safety and their right to be free from sexual abuse and sexual harassment.

The interview with the PREA Coordinator supports that she has sufficient time to manage her PREA related responsibilities. She indicates this is accomplished through continual communication with all staff. This communication dynamic was evident to the auditor during the onsite audit. She serves as the Site Director for the women’s operations and works closely with the Site Director for the Men’s operations and the clinical supervisors. This was confirmed through observations and the organization chart. The was the facility’s first PREA audit and it is evident that the staff are diligent at developing a program that meets the requirements to be considered certified as compliant with all standards/provisions.

Summary of evidence supporting a finding of compliance: Policy supports the requirement of the standard, supporting the position of PREA Coordinator(s) and providing information on the facility’s plan to prevent, detect and respond to sexual abuse and sexual harassment. Additionally, the organization chart, interviews and observations provided the auditor with sufficient evidence to support a finding of compliance with the requirements of this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview with the PREA Coordinator, CEO, COO and Site Director · Observations <p>Summary of evidence supporting a finding of compliance: EHI does not contract with other entities for the confinement of residents. This was confirmed by</p>

	interviews with the CEO, COO, PREA Coordinator and Site Director as well as observations during the onsite audit. The auditor found no reason to dispute this during the audit process. Therefore, this standard does not apply to this facility; the facility is compliant with the standard.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Annual Staffing Plan Review - template · Staffing Plan 2022 to 2024 · Documentation demonstrating PREA Coordinator involvement · Staffing rosters - randomly requested · Interview with the Site Director · Interviews with House Managers (male and female operations) · Observations during the tour · PAQ <p>The PAQ indicates that the staffing plan is predicated on the average daily population of the facility, (100 males and females) members. It indicates that they do not deviate from the staffing plan.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states, <i>EHI shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, EHI shall take into consideration:</i></p> <ol style="list-style-type: none"> (1) <i>The physical layout of each facility;</i> (2) <i>The composition of the resident population;</i> (3) <i>The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</i> (4) <i>Any other relevant factors. In circumstances where the staffing plan is not</i>

complied with, EHI shall document and justify all deviations from the plan.

Whenever necessary, but no less frequently than once each year, EHI shall assess, determine, and document whether adjustments are needed to:

(1) The staffing plan established pursuant to paragraph

(a) of this section;

(2) Prevailing staffing patterns;

(3) EHI'S deployment of video monitoring systems and other monitoring technologies; and

(4) The resources the facility has available to commit to ensure adequate staffing levels.

The auditor was provided a copy of the Elmhurst Home, Inc. -Workforce Plan for fiscal years 2022 to 2024. It is fifteen (15) pages and demonstrates a detailed analysis of leadership, and workforce positions/numbers needed.

Observations and interviews confirmed that Clinical Directors and House Managers (male and female operations) monitor staffing continually. Additionally, the auditor requested and received the staffing reports for July 2022, October 2022 and April 2023 and found that this documentation supports that the facility complies with its staffing plan. The number and placement of staff was discussed with the auditor, and these staffing levels were observed during the onsite audit that the staffing levels indicated.

As noted in the PAQ, the facility does not deviate from the staffing plan; overtime is utilized to ensure staffing is available as determined. During interviews, the auditor asked randomly two members if staffing is always present, and they confirmed yes. This includes two staff present as Monitors 24/7 a both the male operation and two staff at the female operations. Additionally, the auditor confirmed with interviews with the House Managers that this staffing level has been maintained. They confirmed that if unable to fill the position for the shift, they fill it, but this has not happened often.

The staffing plan review dated 9/22/2022, demonstrates that the Staffing Plan is reviewed annually in the EHI Leadership Meeting. They review any changes to the physical plant (there have been none) review of rounds, ensuring it meets the minimum required number, review of camera operations with attention to potential blind spots, and funding sources. The PREA Coordinator is actively involved in the process. The facility has not been involved with PREA for twelve months, a staffing plan review template to assess needs for this standard has been developed and it is reported it will be assessed yearly. The template addresses the provisions of the standard.

Observations supported that the Resident Monitors' workstation are located in the operations where members can easily access the staff for any needs. They have

	<p>video monitoring of common areas/hallways in the building.</p> <p>Summary of evidence supporting a finding of compliance: Policy, review of camera operations, review of the staffing plan documentation, interviews with the PREA Coordinator, COO, staff on site and observations during the onsite audit gave the auditor sufficient evidence to support a finding of compliance with the provisions of this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interviews random staff - monitors · Interviews with residents · View of security monitors · PREA Cross Gender and Transgender Pat Search” Staff training records · Observations · PAQ · FAQ (Frequently Asked Questions, PREA Resource Center) December 2016 <p>The PAQ indicates that no cross-gender strip searches occurred during the audit review period that involved exigent circumstance. The auditor found no reason to dispute this during the audit process.</p> <p>The PAQ indicates that 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy Searches</p> <p><i>EHI shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. EHI Naomi’s Nest shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. In addition, EHI has gender-specific facilities (men and women) where the monitoring staff (those who conduct searches) at each facility are the</i></p>

same gender as the consumer.

It is EHI'S policy that residents are to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

All staff who perform searches must complete "PREA Cross Gender and Transgender Pat Search" training and complete a quiz to test their knowledge of the training. For addition information on our searches and protocols please see our Search and Seizure of Contraband Policy and Procedure for Searching Consumers Upon Arrival from Pass.

Policy does not allow for the cross-gender pat down of female residents, even though the capacity is under fifty. This was made evident to the auditor when conducting interviews of all staff and female residents. All interviews confirmed that at no time has programming been restricted as they have ample female staff to ensure this. Observations confirm this as the living and program areas are all located in a secure area of the building, separate building from male residents. There was ample program, recreation, an area for a kitchenette and dining in each operation. A separate entrance and exit are available for smoke breaks for the residents.

Observations during the tour of bathroom/shower areas demonstrated that showers have curtains and/or solid doors, and there are sufficient barriers for toilets and urinals. Both operations have common bathrooms for the members. The entry door for resident rooms is a solid door for the male facility. These rooms house six to eight members per room in double bunks. The female operations have two units with double bunks (ten total for twenty beds in one unit). All residents interviewed confirmed that staff knock before entering. The auditor was announced before observing the bathroom areas. Or resident rooms, noting that residents confirmed the room was clear to enter. Observations of the security monitors confirmed they do not have any views of the bathrooms/showers, or resident rooms (where they would change clothes). The female operation has a private area for all intake processes. Interviews are conducted in a private setting and there is a shower/ bathroom area for all new intakes to shower and change clothes. It is a solid door that allows the member to lock it with a backup key in the event of unforeseen circumstances requiring staff to enter.

The agency requires all staff who conduct searches to review the "Guidance on Cross-Gender and Transgender Pat Searches" video and take a quiz after reviewing. Records were provided demonstrating this. The auditor reviewed the training Guidance in Cross-Gender and Transgender Pat Searches. The 32 minutes video, published by the PREA Resource Center addresses the requirements of the standard. All staff interviewed (nine) who conduct searches confirmed they viewed this training presentation. Additionally, staff explained that this agency does not conduct

	<p>strip searches. If this is necessitated, it involves an event when the police are called. They conduct pat searches on same gender members only. Additionally, they use a wand metal detector. All staff confirmed that transgender/intersex members are not searched to determine their genital status. This operation has medical staff on site should an unforeseen event necessitate an exam.</p> <p>Summary of evidence supporting a finding of compliance: Policy addresses the requirements of the standard. Training curriculums, training records and staff interviews all confirmed that staff have been trained on cross-gender and transgender searches and searches would not be conducted just to determine genital status. Privacy has been afforded to the residents for showering, changing clothes and using the toilet. Residents confirmed, staff confirmed, and the auditor observed cross-gender acknowledgement when conducting the tour of the facility. Residents expressed that this is normal operation and said they do not recall a female staff entering the male bathroom or bedrooms to check on them, female residents indicate they do not recall a male staff entering the bathroom or their rooms to check on them. The auditor observed sufficient male and female staff to afford no cross-gender supervision occurs, unless it is limited; staff interviews confirmed this to the auditor as well. It was articulated that a transgender resident would be searched by the medical staff on site. The auditor supports that this meets the clarification established in the FAQ This evidence provides the auditor with sufficient evidence to support a finding of compliance for this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Elmhurst Limited English Proficiency (LEP) Policy · Training requirements/training records · Language Line Contract · Interview with the CEO · Observations during the tour · Random staff interviews · Resident interviews

· PAQ

The PAQ indicates there have been no instances where another resident was used to interpret for a LEP offender. The auditor found no reason to dispute this during the audit process.

Elmhurst Prison Rape Elimination Act (PREA) Policy states, Elmhurst Prison Rape Elimination Act (PREA) Policy EHI has taken appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, EHI has ensured that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. EHI has taken 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. EHI does not rely 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. For further information, please see our LEP Policy.

Elmhurst Limited English Proficiency (LEP) Policy states, EHI will provide all written materials for potential members and members consistent with the following:

Use easily understood language and format. All such materials must be written at the 6.9 grade reading level when possible (i.e., in some situations it is necessary to include medications, diagnosis and conditions that do not meet the grade level criteria).

Use a font size no smaller than 12 point.

Be available in alternative formats and through the provision of auxiliary aids and services in an appropriate manner that takes into consideration the special needs of members or potential members with disabilities or limited English proficiency.

All written materials for potential enrollees must include taglines in the prevalent non-English languages in the State, as well as large print, explaining the availability of written translations or oral interpretation to understand the information provided and the toll-free telephone number of the entity providing choice counseling

services as required by 438.71(a). Taglines in the top 15 languages spoken by individuals with LEP in Michigan will be posted in conspicuously visible font size in: significant publications/communications that are targeted to beneficiaries, enrollees, applicants, members of the public; conspicuous locations where EHI interacts with the public; and in a conspicuous location on the EHI website. In addition, Written materials that are critical to obtaining services must also be made available in alternative formats upon request of the potential member or member at no cost, include taglines in the prevalent non-English languages in the State and in a conspicuously visible font size explaining the availability of written translation or oral interpretation to understand the information provided, information on how to request auxiliary aids and services, and include the toll-free and TTY/TDY telephone number of the Service Provider's member/customer service unit.

All materials shall be available in the languages appropriate to the individuals served within EHI's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in EHI's regional area (i.e., Cass County; Spanish). Such materials shall be available in any language alternative to English as required by the LEP Policy Guidance (Executive Order 13166 8/11/02 Federal Register Vol. 65, 8/16/02). EHI will utilize the most current census data applicable for the EHI region to determine the language thresholds and safe harbors. EHI will translate into said language/s, other than English, documents requested by an individual. Any requested documents may be read onto audio tape and/or made available in Braille for individuals with visual impairments. EHI will utilize any available audio or Braille materials made by DWIHN it's PIHP. Auxiliary aids and services must also be made available upon request of the potential member or member at no cost.

EHI will inform customers that translation and interpretation services will be provided at no cost to the customer. Staff shall not require an individual with LEP to provide his/her own interpreter. Staff will communicate that the use of a family member and/or friend as a language interpreter is not recommended and the reasons for this recommendation (i.e., confidentiality/privacy, highly personal information, etc.) Staff shall not rely on a minor child to interpret or facilitate communications with a parent/adult caregiver. Staff shall not rely on staff other than qualified bilingual/multilingual staff to communicate directly with the individual with LEP. Qualified Translator/Interpreter is defined as a person who has been tested and certified by a recognized body to provide an accurate interpretation from English to the oral or written language of the recipient. The Qualified interpreter must be familiar with the terminology to be used and be committed to confidentiality. If an individual chooses to utilize a family member and/or friend as a language interpreter, staff will document the choice.

EHI providers will have procedures in place to provide translation and interpretation services to any individual seeking services who requests such. These procedures will at a minimum include the following: maintain a list of internal staff that may be available to interpret and the certification they have to do so; telephone interpretation services for individuals for emergency and intake processes; an identified contracted agency to provide qualified translation services for customers

during services; a policy that identifies when family members or friends may or may not be used to translate for customers – unless the customer has made the informed choice to work with family/friend over EHI’s provided interpreter service.

Use of Michigan Relay Center will be promoted. Providers within EHI’s network may elect to utilize teletypewriter (TTY) or Telecommunication Device for the Deaf (TDD equipment and will publicize their specific number to customers.

LEP training will be provided to EHI staff and EHI provider staff as part of the new hire orientation and then bi-yearly thereafter per EHI and MDHHS guidelines.

EHI will provide information to members who are limited English proficient through the provision of language services at no cost to the individual.

All written materials shall be available in the languages appropriate to the people served within the DWIHN’s area for specific Non-English Language, and any additional prevalent languages identified by MDHHS in the future at no additional cost to MDHHS.

Per 42 CFR §438.340(b)(6), at the time of enrollment with the Service Provider, MDHHS will provide the primary language of each member.

The Service Provider shall also identify additional languages that are prevalent among the Service Provider’s membership. For purposes of this requirement, prevalent non-English language is defined as any language spoken as the primary language by more than five percent (5%) of the population in the DWIHN’s Region.

Written information shall be provided in any such prevalent languages identified by the DWIHN.

The Service Provider notifies its members:

That oral interpretation is available for any language and written translation is available in prevalent languages;

That auxiliary aids and services are available upon request and at no cost for members with disabilities; and How to access the services in §438.10(d)(5)(i) and (ii).

The interview with the COO confirmed the items noted in the policy and further discussed a previous time that an interpreter was provided for a deaf member.

Evidence of the availability of a language line was provided to the auditor. Additionally, staff confirmed that they recognize that some members need information presented slower and with simpler language and take the time with them to ensure they understand. They indicated no instance where they had a limited English member but stated they have their cell phone available and would use it to assist with translating if needed. If this did not work, the auditor was informed they would contact the Clinical Supervisor.

Random staff interviews supported that the use of another resident for

	<p>interpretation for PREA has not occurred. Staff articulated that they would contact their supervisor for direction on how to access an interpreter in this situation. All staff indicated they do not have a recollection of having to deal with a resident who could not speak English. The auditor found this credible. Review of the agency's training requirements and training records reflect that staff have received training in the following: Limited English Proficiency (LEP) and training records reflect that staff have completed Introduction to Deaf and/or Hard of Hearing Offenders as required by the contract with the Michigan Department of Corrections.</p> <p>Summary of evidence supporting a finding of compliance: Observations made during the on-site visit, policy, resources for communicating with deaf/hard of hearing and LEP residents, interviews with staff and residents and availability of staff to assist those who may need help intellectually provided the auditor with sufficient evidence to support a finding of compliance.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Policy on Verifications Of: Criminal Background checks, Convictions, Criminal Charges, Immunizations, Fingerprinting, Drug Test, Driving Records, Credentials and Physicals · Application - Pre Hiring Questions · Interview with Human Resources Director · Documents observed from personnel files - employees and one promotional staff · Documentation of background check status employees and newly hired · PAQ <p>The PAQ indicates there have been fifty-three (53) staff hired in the last twelve months for the facility, zero contractual staff. The interview with PREA Coordinator confirmed that there are no contractual staff who work at this facility.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states,</p>

Hiring and Promotion decisions

EHI does not hire or promote anyone who may have contact with residents, who—

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph

(a)(2) of this section

(b) EHI does consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents.

EHI does 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. EHI does impose upon employees a continuing affirmative duty to disclose any such misconduct. Potential employees and promotional candidates are informed that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Before hiring new employees, who may have contact with residents, EHI does the following:

(1) Performs a criminal background record check;

(2) 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.

EHI does conduct criminal background records checks annually in accordance with the contract with the Michigan Department of Corrections on current employees who may have contact with residents.

Unless prohibited by law, EHI will 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.

EHI does not use contractual staff that physical interacts with the consumers.

Policy on Verifications Of: Criminal Background checks, Convictions, Criminal Charges, Immunizations, Fingerprinting, Drug Test, Driving Records, Credentials and

Physicals confirms the following:

Criminal Background Checks

Upon initial employment, all employees must agree and sign off to a criminal background check investigation. Background checks will be performed at a minimum of annually on all employees. EHI currently has two ways of conducting criminal background checks: LIEN clearances and I-Chat.

Hiring and promotion decisions:

Employer shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any employee or 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.

The auditor reviewed the completed interview questions for applicants. It addresses the questions in provision (a) and provision (b). The application requires the candidate to sign certifying that information provided is true and false statements or omissions may result in not getting hired or terminated. Additionally, staff sign indicating they understand they have a continuing affirmative duty to disclose any such misconduct.

Documentation and the interview with the Human Resources support staff confirmed that a Law Enforcement Information Network (LEIN) check is conducted prior to employment an Internet Criminal History Access Tool (iChat) is also conduct.

These are performed again annually. Review of randomly selected personnel files (five total) confirmed that annual background checks are conducted.

The interview with the Human Resources Manager additionally confirmed that all applicants are asked the required questions at the time of the application. Review of the application process confirmed that they are directly asked the following questions: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section 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. They are additionally asked about prior sexual harassment. A background check is conducted as required based on the agency in which they contract; MDOC conducts LEIN checks - which is a national check. Documentation demonstrating that this annual background check has been completed was provided to the auditor. These files demonstrated compliance with asking the applicant in provision (a) and provision (b). They demonstrated that a background check was conducted (national level). She indicated that reference checks are conducted and would specifically be conducted on anyone who has prior institutional experience.

	<p>The Human Resource support staff verified that all employees are aware they have a continuing duty to report and that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. This is noted on the application which the potential employee signs acknowledging such.</p> <p>As confirmed by this interview, the agency would 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, with a signed release. Otherwise, they could provide information on when they work and if they would or would not be hired back.</p> <p>Summary of evidence supporting a finding of compliance: As outlined above, the auditor received documentation regarding the hiring and promotional process and background checks which all demonstrated compliance. Policy supports the requirements of the standard. Staff were asked the questions in provision (a) upon hiring, and promotion. The application requires the candidate to sign certifying that information provided is true and false statements or omissions may result in not getting hired or terminated. Interviews with staff who hire and fire support that they would, with proper releases, provide information on former employees regarding substantiated allegations of sexual abuse. Therefore, the standard is deemed to be compliant.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview with the CEO · Interview with the PREA Coordinator · Observations during the tour · PAQ <p>The PAQ indicates there has been no substantial expansion or modification of existing facilities; there has been upgrades to the video monitoring system in 2022.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states,</p> <p>Upgrades to Facilities and Technologies</p>

	<p>If EHI makes upgrades to existing facilities or technology, EHI shall consider the effect of the monitoring technology, design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.</p> <p>The interview with PREA Coordinator indicates that there have been no substantial modifications to the facility; there has been video monitoring upgrades. This facility currently has cameras that monitor specific security areas of the facility. The interview with the COO confirmed that camera upgrades are continually evaluated. At this point they cover hallways and common areas. Member safety and prevention of sexual abuse is always considered when upgrading video monitoring.</p> <p>Summary of evidence supporting a finding of compliance: Policy, interview with the COO, and PREA Coordinator in addition to observations during the onsite audit provided sufficient evidence for the auditor to support a finding of compliance.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview with the CEO and COO · Interview with the PREA Coordinator · MOU with Detroit Police Victim’s Assistance Program · Random staff interviews · PREA Incident Checklist <p>The PAQ indicates there have been no SANE/SAFE exam, no forensic medical examinations or examinations conducted by a qualified medical practitioner in response to a sexual abuse allegation. The auditor found no reason to dispute this during the audit process.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states, Responsive Planning</p> <p><i>For allegations of sexual abuse, EHI shall contact the police immediately. EHI shall take appropriate measures to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. EHI shall request that the protocol used the forensic exam be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National</i></p>

Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011. EHI shall offer all victims of sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. EHI shall document its efforts to provide SAFEs or SANEs. EHI shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, EHI shall make available to provide these services a qualified person from a community-based organization. EHI shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. EHI may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. As requested by the victim, the qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. To the extent the agency itself is not responsible for investigating allegations of sexual abuse, EHI shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. EHI has requested this through a letter to the local police department.

As stated, policy supports that an investigation will be conducted immediately regarding any allegations of sexual abuse or sexual harassment. This was confirmed by the interviews with the COO, PREA Coordinator, Site Managers and Clinical Supervisors as well as random staff interviews.

The auditor researched the law in the State of Michigan. The State of Michigan has implemented a Sexual Assault Kit Tracking and Reporting System (SAEK) in accordance with MCL 752.962. That Act charged the Commission with developing plans and guidelines for (1) a uniform statewide system to track the submission and status of sexual assault evidence kits (kits), with secure electronic access for victims, (2) a uniform system to audit untested kits that were collected on or before March 1, 2015, and were released by the victims to law enforcement, and (3) auditing the ongoing submission of kits under the Sexual Assault Kit Evidence Submission Act, MCL 752.931-752.935. According to the michigan.gov webpage, A Sexual Assault Evidence Kit Submission Act established time frames for submission and retrieval of SAEKS. The legislature established a Sexual Assault Evidence Kit Tracking and Reporting Commission. Evidence collected at the hospital would be collected in accordance with this law.

The PREA Coordinated Response reaffirms to call 911 and the Clinical supervisor. It supports that if a report of sexual assault happened in a time period where evidence

	<p>collection is possible, staff are to coordinate with the law enforcement to ensure access to a medical forensic exam and ensure a victim from a rape crisis center is made available as requested by the victim.</p> <p>Review of a signed agreement (MOU) with the Detroit Victim’s Assistance Program confirms that PREA victims who are referred to Detroit Police Sex Crimes will be sent to Detroit Receiving Hospital for a SANE exam. It further ensures that a qualified victim advocate will be contacted on behalf of the victim. Support will continue through the investigatory interviews and additionally emotional support, crisis intervention, information and referrals will be provided. The interview with the Director provided the auditor assurances of how they provide access to SANE/SAFE services and a qualified victim advocate.</p> <p>Summary of evidence supporting a finding of compliance: Policy supports all aspects of the requirement of this standard. Interviews with administrative staff support a finding of compliance as they reflected that the police will be used to conduct the investigation, a forensic exam will be conducted, SANE exam, and the exam will be provided free of costs. The MOU supports the role agreed upon with Detroit Victim’s Services and EHI.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview with the COO · MOU with Detroit Police Victim’s Assistance Program · PAQ <p>The PAQ indicates there have been no allegations of sexual abuse and/or sexual harassment during the audit review period, no referrals for criminal investigation. The auditor found no reason to dispute this during the audit process.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy Responsive Planning states,</p> <p><i>EHI shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. EHI has 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.</i></p>

	<p><i>EHI has published such policy on its website. EHI shall document all such referrals. When separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</i></p> <p>The interview with the CEO provided a strong assurance that all allegations of sexual abuse and sexual harassment will be investigated. For sexual abuse, the Detroit PD will be contacted, for sexual harassment, the PREA Coordinator will investigate.</p> <p>The agency has posted the MOU with Detroit Police Victim’s Assistance Program. The PREA policy is also posted in its entirety on the agency webpage.</p> <p>Summary of evidence supporting a finding of compliance: As stated, policy supports that an investigation will be conducted immediately regarding any allegations the police, sexual harassment to the immediate supervisor. Review of this process was confirmed by the interviews with the COO, PREA Coordinator and Clinical supervisors. It was confirmed to the auditor by all staff interviewed that all allegations, even suspicions would be investigated. During the audit process, the auditor found no evidence of any allegation that was not addressed immediately. Based on this, the auditor found sufficient evidence to support a finding of compliance with this standard.</p>
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115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Training requirements · Training curriculums - MDOC · Training records · Interviews with random staff · FAQ October 2014 · PAQ <p>Elmhurst Prison Rape Elimination Act (PREA) Policy Employee Training states, Training and Education</p>

EHI trains all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;*
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;*
- (3) Residents' right to be free from sexual abuse and sexual harassment;*
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*
- (5) The dynamics of sexual abuse and sexual harassment in confinement;*
- (6) The common reactions of sexual abuse and sexual harassment victims;*
- (7) How to detect and respond to signs of threatened and actual sexual abuse;*
- (8) How to avoid inappropriate relationships with residents;*
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and*
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.*

Such training(s) shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

EHI shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. EHI shall document, through employee signature or electronic verification, that employees understand the training they have received.

EHI receives and completes training through the Michigan Department of Corrections.

The auditor reviewed the training curriculum. It is a one hundred eleven (111) page power point presentation addressing the following topics: Overview of the Law and Your role; Inmates' Rights to be Free from Sexual Abuse and Sexual Harassment and Staff and Inmate Rights to be Free from Retaliation for Reporting; Prevention and Detection of Sexual Abuse and Sexual Harassment, Response and Reporting of Sexual Abuse and Sexual Harassment; Professional Boundaries and Effective and Professional Communication with offenders). Definitions of sexual abuse and sexual harassment are addressed. It reviews differences of dynamics of sexual abuse

	<p>between males and females and red flags/reactions. It was retrieved from the PREA Resource Center and developed by the Moss Group, Inc. As this agency contracts with the Michigan Department of Corrections for some of its members' programming, it is required to complete this training every two years.</p> <p>The auditor requested and received documentation to support that all staff have been trained who work at this facility. All staff interviewed confirmed they have received this training. This facility houses male and female residents. No staff would transfer from another facility. The training does address differences between male and female residents. The PREA Coordinator indicated that staff will now receive this before working alone with the residents. It has been included in the employee orientation packet. Accordingly, this supports that the facility is compliant with the clarification in the most recent FAQ, indicating that staff will not have unsupervised contact with residents until they have received this training.</p> <p>The agency developed a process to provide refresher information yearly; it will be reviewed when they complete the Annual Staffing Plan review.</p> <p>Summary of evidence supporting a finding of compliance: Policy, review of training curriculum, review of training records, and interviews with staff all provided ample evidence to support a finding of compliance with all provisions of this standard.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · PAQ <p>The PAQ states there are zero contractors/volunteers who have contact with residents who were trained on the PREA requirements. It was clarified to the auditor that they use interns who are trained the same as employees. The auditor found no reason to dispute that the agency does not use volunteers or contractual staff.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states, EHI does not use volunteers or contractors; all services are provided in the community, including medical and mental health services.</p> <p>Summary of evidence supporting a finding of compliance: Policy and interviews with the PREA Coordinators provided sufficient evidence to support a finding of compliance with the provisions of the standard – not applicable.</p>

115.233	Resident education
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1426 416">The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="280 452 1449 887" style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Declaration of Zero Tolerance · Random resident interviews - sixteen on the initial visit, six on the follow up visit · Intake Staff interviews (Case manager) · Observations · Documentation of resident education files <p data-bbox="280 922 1468 999">The PAQ indicates that 850 residents were admitted to the program and were given resident education at intake in the previous twelve months.</p> <p data-bbox="280 1034 1481 1491"><i>Elmhurst Prison Rape Elimination Act (PREA) Policy Resident Education states, During the intake process, every resident who enters the facility for programing receives information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding EHI policies and procedures for responding to such incidents. See zero tolerance Handout. EHI maintains documentation of resident participation in these education sessions. EHI shall ensure that key information is continuously and readily available or visible to residents through posters that are readable and accessible throughout the facility.</i></p> <p data-bbox="280 1527 1468 1603">The auditor reviewed the updated zero tolerance handout. It provides the following information to members upon arrival:</p> <ul data-bbox="280 1639 1465 2065" style="list-style-type: none"> · All members have the right to be free from all forms of sexual abuse, sexual harassment and retaliation if they report such behavior. · Definitions of sexual assault, stalking, sexual harassment · Staff requirement to report immediately any suspicions, knowledge of and all information shared with them from any source of allegations of sexual abuse or sexual harassment. This includes medical and mental health staff. · Grievances related to sexual abuse or allegations of will be converted to investigations that are outside of the agency's administrative remedies.

- Members can report any concerns with sexual abuse, sexual harassment, retaliation or staff neglect that may lead to it by telling any staff, writing any staff to include an incident report, calling family to report back to EHI, calling the police, or contacting your probation or parole agents (members can remain anonymous). Members can report any concerns on behalf of another member.

- Members who want to receive emotional support services relating to sexual abuse by calling the following organizations. Sexual Assault Hotline 855-voices4 (2417) free. Confidential national Sexual Assault Hotline 1-800-656-4673 (RAINN). If you need access to a phone, staff will provide the house phone and afford you a private area for making this call.

See comments to 115.216.

Documentation of this training was provided for all residents currently housed at the facility. It is located in the member file noting the review of their rights under this law and an electronic signature. It is also noted as a requirement on the intake checklist. Most the resident interviews supported that they were educated on their rights to be free from sexual abuse and sexual harassment and they were aware they should not have to experience retaliation for doing so. As some did not, the agency has agreed to update the information provided to members upon arrival and add posters in the communication board areas providing more information. Update:

The auditor was provided documentation confirming that residents receive the information. A subsequent visit occurred in September 2023. The auditor interviewed six additional residents who confirmed receipt of this information and presented to the auditor their understanding of it, some stating they went over it very carefully and ensured that I understood.

Information educating the residents on their right to be free of sexual abuse and sexual harassment and the zero-tolerance policy is visible in the facility at areas where members are likely to congregate.

Summary of evidence supporting a finding of compliance: Based on the policy, review of resident files acknowledging receipt of orientation materials, observation of the posters and the resident interviews that confirmed the orientation process, their knowledge of their rights, and the posters, the auditor finds that the facility does educate all residents who enter the facility on the topics required, in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills (see 115.216) and provides key information which is continuously and readily available or visible to residents through posters and pamphlets.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview with the PREA Coordinator · PAQ <p>The PAQ indicates that this facility does have sexual abuse investigators; allegations of criminal abuse are referred to the local police.</p> <p>Summary of evidence supporting a finding of compliance: The auditor concluded that the agency does not conduct investigations into sexual abuse; they are all referred to the local police department. Allegations of sexual harassment will be investigated by the PREA Coordinator.</p>
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115.235	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview with PREA Coordinator · Interview with mental health staff · Training curriculum for mental health staff · Documentation of training for mental health · PAQ <p>According to the PAQ, the facility/agency does employ fifteen medical/mental health staff. One hundred percent (100%) have received the training.</p> <p>Documentation was provided that demonstrated that mental health and medical staff complete the regular PREA training. The interview medical staff (1) and mental health staff (3) on site provided the auditor with confidence that staff are knowledgeable and trained regarding (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. This information is provided/</p>

	<p>embedded in the regular PREA training that all staff receive. Forensic exams are addressed by the local hospital.</p> <p>Summary of evidence supporting a finding of compliance: Based on the evidence outlined above, the auditor found sufficient evidence to support a finding of compliance.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Risk Assessment form · Review of risk assessment forms · Interviews staff who perform risk screens · Interview random residents · Interview PREA Coordinator · FAQ <p>The PAQ indicates that 650 residents entered the facility and remained for 72 hours. All were screened for risk of sexual victimization or risk of sexually abusing other residents; 650 residents remained for more than 30 days and were reassessed for this.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy Screening for risk of victimization and abusiveness/Use of screening information</p> <p><i>EHI policy ensures that all residents complete a risk victimization and abuse questionnaire which is evaluated for room assignment. This Intake screening shall ordinarily take place within 72 hours of arrival at the facility. Such assessments shall be conducted using an objective screening instrument. See Attachment Risk Assessment - Victimization</i></p> <p><i>The intake screening considers, the following criteria to assess residents for risk of sexual victimization:</i></p> <p><i>(1) Whether the resident has a mental, physical, or developmental disability;</i></p>

(2) *The age of the resident;*

(3) *The physical build of the resident;*

(4) *Whether the resident has previously been incarcerated;*

(5) *Whether the resident's criminal history is exclusively nonviolent;*

(6) *Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;*

(8) *Whether the resident has previously experienced sexual victimization; and*

(9) *The residents own perception of vulnerability.*

The intake screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. Within a set time period, not to exceed 30 days from the resident's arrival at EHI, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Residents may not be 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.

EHI does implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. They are maintained in the Clinical Supervisor office with controls on who can gain access.

A PREA Admission Risk Assessment has been developed. It addresses the following to ascertain risk for sexual victimization:

(1) Whether the resident has a mental, physical, or developmental disability;

(2) The age of the resident;

(3) The physical build of the resident;

(4) Whether the resident has previously been incarcerated;

(5) Whether the resident's criminal history is exclusively nonviolent;

(6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

- (8) Whether the resident has previously experienced sexual victimization; and
- (9) The residents own perception of vulnerability. Screeners subjective assessment.

Staff then make an objective assessment based on the number of affirmative responses to risk factors. A 30-day review is included on the form which ensures that the resident is consulted to assess if they have any additional information or changes to the information they provided.

The form reflects that the information is sensitive and is collected in a private setting. The interview with the staff that completes this risk assessment confirmed compliance with the risk screening process, privacy of the process and understanding that residents have the right to not answers some questions.

Resident interviews confirmed they are asked privately and verbally. This supports compliance with the FAQ issued October 2016. A few were randomly asked if they thought they would be disciplined if they did not answer; all quickly indicated they did not believe they would be disciplined. The instructions for the screen indicate that a subjective opinion is to be made if the screener believed the resident represents as gay, bi-sexual or effeminate; comments of this subjective opinion would be entered. This supports compliance with the FAQ issued October 2016.

To further support compliance, the auditor reviewed risk assessments for residents currently housed at the operation to assess that they were appropriately screened, and a determination of predatory risk for sexual abuse or vulnerability was made.

Files demonstrate compliance; the risk assessment addresses the required questions as based on the standard; no additional information is added for this assessment other than what the standard requires. The assessment of victim or predator is computed by the screener with the Program Manager's review to ensure consistent application. Review of the resident files indicated that a re-review in person within thirty days of arrival was conducted. Random resident interviews confirmed this to the auditor as well. This supports compliance with the FAQ issued in August 2019.

The auditor viewed the area where the resident confidential files are stored and confirmed it is secure. Additionally, staff who conduct the risk assessment and the PREA Coordinator confirmed that only staff who conduct the risk assessment (resident monitors, house managers, mental health staff and the clinical supervisors, etc.) would access these files. Any other requests would be evaluated to determine if the information is needed based on the request.

Summary of evidence supporting a finding of compliance: In making a conclusion of compliance, the auditor analyzed the policy, analyzed the risk assessment, reviewed the resident interview responses, responses from the interview with staff who conduct the risk assessment, review of requested risk assessment screenings, and the interview with the PREA Coordinator. The auditor observed that the information is maintained in the resident file which is securely stored in the records storage and within the computer. Policy and practice support all aspects of the standard provisions, including the FAQs issued by the Department of Justice.

Therefore, the auditor found ample evidence to support a finding of compliance.

115.242	Use of screening information
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1426 412">The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="280 456 1110 770" style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Observations facility tour - housing/living conditions · Interviews PREA Coordinator · Interview with staff who conduct Risk screens · Observations <p data-bbox="280 815 1102 848">Elmhurst Prison Rape Elimination Act (PREA) Policy states,</p> <p data-bbox="280 893 1477 1084"><i>EHI uses information from the risk screening required by § 115.241 to inform housing, bed, assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Residents work or receive programming in the community. EHI makes individualized determinations about how to ensure the safety of each resident.</i></p> <p data-bbox="280 1128 1461 1532"><i>In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, EHI considers on a case-by-case basis whether a placement would ensure the residents health and safety, and whether the placement would present management or security problems. A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents. EHI does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status.</i></p> <p data-bbox="280 1576 1477 2069">Due to the small size of the operation, placement of residents is made on a case-by-case determination to decide who would be compatible with other residents and who would be better housed closer to the operations area of the facility. Those deemed potential victims may be placed in a room that is closer to the House Manager office or Resident Monitor station. The form prompts the screener to ensure notification is made to the House Manager and Clinical Supervisor. All group program areas are in the vicinity of staff supervision in addition to the staff conducting the group, and camera monitoring. In addition, if concerns arise, residents can be moved to another bed assignment. The facility reports on the day of the audit that there were no potentially vulnerable residents and no residents deemed predatory. The auditor found this information credible. At the time of the audit, it was reported that there were no transgender/intersex residents housed at</p>

	<p>this operation. The auditor found this credible based on formal and informal conversations. Staff interviews all ensured that they would allow a transgender/intersex resident to have a private shower time and they would be placed where they were the most comfortable (male area or female area) and safe after discussing the needs with the member. This process is then documented on the risk assessment form, with an update every six months should the member remain at this operation that long.</p> <p>Summary of evidence supporting a finding of compliance: The auditor concluded the facility is compliant with the standard based on review of the policy, observations made during the on-site audit, and interviews with residents and staff. The overall culture presented by staff is to ensure the success of the residents. As such, the views and concerns are taken seriously. The auditor concludes that the agency, nor this facility places lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status. There is no consent decree, legal settlement, or legal judgment in place requiring this. The auditor finds there is sufficient evidence to support a finding of compliance with all the provisions.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interviews with residents · Interview random staff · Declaration of Zero Tolerance · FAQ <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states, Resident Reporting</p> <p><i>EHI provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. And informs residents they may report to the probation/parole office or directly to the policy. EHI assists residents with obtaining their cell phone or a private office with a phone to accomplish this privately. Probation/parole officers are obligation to report the allegation to EHI immediately even if the report is made anonymously. Staff shall accept reports</i></p>

made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. EHI informs staff they may report privately to the policy or probation/parole officer.

The Declaration of Zero Tolerance and posted information observed in the facility all provide the residents information on how to report sexual abuse or sexual harassment. Currently, some residents have cell phones. There are payphones located at each operation. They are not monitored or recorded. When asked, residents and staff ensured the auditor they can access a phone when needed. In regard to reporting sexual abuse or sexual harassment, most members indicated they would report to staff, informing the auditor that they believed that staff would handle the information responsibly. Most of the interviews supported that they are aware of the options available to them for reporting, including calling the local police directly if they believed the situation warranted this, or their probation/parole agent who would allow them to remain anonymous. The auditor was ensured when conducting another audit in this state that all probation/parole officers are required to forward any reports received, including if the resident remains anonymous. Staff assured the auditor that they could report to whomever they were comfortable with, privately, including the police.

Summary of evidence supporting a finding of compliance: Review of the policy, interviews with the residents and staff gave the auditor sufficient evidence to support a finding of compliance.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview PREA Coordinator (PREA Manager)/Program Manager · Review of posters providing PREA information regarding sexual abuse grievances · Interview with the grievance coordinator (recipient rights coordinator) · PAQ · FAQ <p>The PAQ indicated the following:</p>

	<p>zero grievances regarding sexual abuse</p> <p>zero emergency grievances</p> <p>zero grievances written in bad faith</p> <p>zero third party grievances.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states, <i>EHI does not have an administrative procedure to address resident grievances regarding sexual abuse. Grievances alleging sexual abuse will be closed and immediately forwarded to the appropriate authority for investigation.</i></p> <p>The Declaration of Zero Tolerance (member PREA education) states, the following: Grievances related to sexual abuse or allegations of sexual abuse (i.e., allegations of sexual abuse, a fear of sexual abuse, or allegations of mishandling of an incident of sexual abuse) are immediately converted to investigations that are outside of the agency’s administrative remedies process and are not considered by the agency to be grievances. This information provides evidence of compliance with the FAQ issued June 2022 that requires that members be given notice for the agency to be exempt from this standard.</p> <p>Summary of evidence supporting a finding of compliance: Review of the policy and information provided to members provided the auditor with sufficient evidence to support a finding of compliance.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Observations · Interviews with residents · PREA Sexual Assault Awareness pamphlet · MOU with Detroit Police Victim’s Assistance Program <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states, <i>EHI provides residents with access to outside victim advocates for emotional support services related to</i></p>

sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers on the zero-tolerance handout at intake.

At intake, residents are provided with the toll-free number to the National Sexual Assault Hotline. Some residents can have access to their cell phone for which they can make this call directly, privately or a private office with a phone can be requested and used privately. Many residents confirmed this to the auditor during interviews. This phone is not monitored or recorded. EHI has entered into a memorandum of understanding (MOU) with Detroit Police Victim's Assistance and are able to provide residents with confidential emotional support services related to sexual abuse. EHI maintains copies of this agreement. A phone interview with the Director confirmed the agreement and assured the auditor of how they provide SANE services and access to a victim advocate.

Summary of evidence supporting a finding of compliance: The facility does provide access to outside victim support advocated for emotional support services. There is a signed agreement with the organization to provide residents at this facility access to victim advocacy services. Residents are informed that it is confidential; additionally, they have the ability to use a pay phone, house phone or cell phone when earned. Therefore, they are provided reasonable communication. They are able to send mail without having to have a staff do it for them. Based on review and analysis of this evidence, the auditor finds there is sufficient basis for finding compliance with the provisions of this standard.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none">· Elmhurst Prison Rape Elimination Act (PREA) Policy· www.ehinc.org· Interviews random residents· Interviews with random staff· Publicly distributed information on how to report resident sexual abuse or sexual harassment on behalf of residents – facility website· Testing of contact form for reporting from an outside information regarding PREA· Observations

	<p>The PAQ indicates that information regarding how to file a third party complaint is posted on the facility website.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states, <i>A website is available, a page dedicated to PREA has been added. It includes the following information:</i></p> <p><i>EHI has a zero-tolerance policy for all forms of sexual abuse and sexual harassment towards its residents. If you wish to report an alleged Incident of sexual abuse or sexual harassment on behalf of a resident, please call Ms. Rachel Oden at (313) 865-1500 ext. or send an email at roden@ehinc.org .</i></p> <p>The auditor reviewed the website. This information is available in addition to the PREA policy and MOU with the Detroit Police Victim Services.</p> <p>Summary of evidence supporting a finding of compliance: Policy, facility website and random staff interviews all confirm that information is publicly posted regarding how to report, and all staff are aware that they are to accept third party allegations. Interviews with residents mostly confirmed that they are aware they can report on behalf of another resident. The auditor tested the reporting email on the facility website and received (within the same day) a response.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interviews random staff · Interview with the investigator/PREA Coordinator <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states, Official Response Following a Resident Report</p> <p><i>EHI requires 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</i></p> <p><i>Apart from reporting to designated supervisors or officials, staff will not reveal any information related to a sexual abuse report to anyone other than to the extent</i></p>

necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

If the alleged victim is considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

EHI shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The designated investigators at this agency/facility is/are Ms. Rachel Oden.

All staff interviews provided the auditor with evidence to support that they are knowledgeable in the requirement to report all knowledge, suspicion, or information immediately regarding sexual abuse or sexual harassment involving members.

They were aware of the members' right to be free from retaliation (and their right to be free from retaliation). All responses were consistent regarding the person to report to (clinical supervisor) and this can be done anytime during the day or night. They were knowledgeable that the police would be called regarding sexual abuse and the supervisor regarding sexual harassment who would then confer with the PREA Coordinator/investigator.

The age of majority is now 18 pursuant to the "Raise the Age" law in Michigan. Staff confirmed that the facility has not had any resident under the age of 18 housed at this program. The auditor found no reason to dispute this during the audit process. As confirmed by the interview with the PREA Coordinator, any abuse involving someone who is protected by the Elder Abuse law in Michigan would be reported by the police conducting the investigation. Staff at her organization could report as well by contacting the Michigan Department of Health & Human Services (DHS), Adult Protective Services; Statewide 24-Hour Hotline: 855-444-3911. The facility reports there have not been any reports to designated State agency in accordance with mandatory reporting for those under 18 years old or those considered a vulnerable adult. The interview with the PREA Coordinator confirmed she would ensure that if an allegation was regarding an elder as defined by state law, a report would be forwarded to the Elder Abuse hotline number.

The interview with the medical staff and mental health clinicians confirmed that residents are informed of the limitations of confidentiality at the initiation of services. Additionally, this information is provided on the PREA education provided to members at intake. All random staff confirmed their knowledge of who completes investigations.

Summary of evidence supporting a finding of compliance: Policy supports the requirements of the standard. Resident and staff interviews all confirmed to the auditor that if an allegation or suspicion is received, it will be immediately forwarded to the supervisor. Staff all confirmed they are aware of the requirement to maintain confidentiality. The PREA Coordinator/investigator confirmed that mandatory reporting to other agencies would occur.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview COO · Interviews with random staff · Interview with the Program Manager <p>The PAQ indicates there have been no instances in which a resident was subject to substantial risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states, <i>When EHI learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</i></p> <p>Interviews with all random staff confirmed that intervention would occur if a staff believed a resident was at imminent risk of sexual abuse, and this action would be supported by supervisors, management and administration. Interviews with the COO, PREA Coordinator and Site supervisors supported that protective action would take place before abuse occurred. It was relayed to the auditor that they can reassign the resident to a different housing area or remove the potential threat. They further confirmed that this action is taken for any matters of concern to avoid problems that can be prevented.</p> <p>Summary of evidence supporting a finding of compliance: Policy supports the findings of the standard. Based on the interviews with staff, the auditor believes this facility has a culture of supporting all staff who believe an incident is prevalent and taking action to protect the resident.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy

	<ul style="list-style-type: none"> · Interview CEO · Interviews PREA Coordinator · Notification form <p>The PAQ indicates there were no allegations received that resident was abused while confined at another facility, no allegations received from another facility. The auditor found this statistic credible.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states, Reporting to Other Confinement Facilities</p> <p><i>Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. EHI shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</i></p> <p>The PAQ indicates that zero reports of sexual abuse/harassment have been received from another agency, zero notices have been sent during the past 12 months. Interviews with the COO, PREA Coordinator/ investigator gave the auditor sufficient assurance that all staff are aware of this requirement and that it would be acted upon immediately, well within the 72-hour requirement, in writing to the head of the facility, or would be immediately investigated if received from another agency. A form has been developed to ensure this process occurs and is documented.</p> <p>Summary of evidence supporting a finding of compliance: Policy supports compliance with the standard. Interviews with the CEO, PREA Coordinator (PREA Manager)/Program Manager, the PAQ and observations provided the auditor with sufficient evidence to support a finding of compliance.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Observations · Coordinated Response Plan for Sexual Assault

- Interviews with random staff
- Interviews with the CEO
- PAQ

The PAQ indicates there was no allegation that a resident was sexually abused; zero allegations allowing for the collection of evidence.

Elmhurst Prison Rape Elimination Act (PREA) Policy

Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

Interviews with all staff (case manager, mental health practitioners, resident monitors, house manager, clinical supervisors and site supervisors) confirmed that they were fully trained and articulated the steps to take if a resident reported a sexual assault to them to include asking the victim to not shower, brush teeth use the restroom, drink or eat, change clothes, urinate, defecate or smoke and ensure the alleged perpetrator does not do these things. Staff responses additionally reported the process of separation, preserving the scene, calling the police and the Clinical Supervisor immediately, then completing an incident report. Review of the agency's Coordinated Response plan confirmed this process.

Summary of evidence supporting a finding of compliance: Review of the policy and staff interviews provided the auditor with sufficient evidence to support a finding of compliance.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed and/or retained the following evidence related to this standard:

- Elmhurst Prison Rape Elimination Act (PREA) Policy
- Coordinated Response Plan
- Random staff interviews

Elmhurst Prison Rape Elimination Act (PREA) Policy *EHI shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.*

EHI Coordinated Response Plan for Sexual Assault/Abuse

Resident Name /Alleged Victim:

Resident Name/Alleged Perpetrator:

First Responder: Separate the victim and perpetrator, preserve the area of the incident, If applicable. Follow guidelines regarding preserving evidence as it pertains to the victim and the perpetrator (i.e. If the allegation occurs within a time frame that still allows for the collection of evidence, ask the victim and ensure the alleged perpetrator do not do the following: wash, brush teeth, change clothes, urinate, defecate, smoke, or eat or drink).

If immediate medical assistance is needed, call 911. If time allows for collection of evidence (i.e SANE exam) contact victim advocate, if requested by the victim.

Contact _____ (person in agency who needs immediate notification), parole/probation officer. They will determine if the police need to be contacted.

All involved: once assistance has been rendered, complete incident reports.

(Person assigned to this task) Initiate retaliation monitoring.

Determine appropriate placement for alleged victim and alleged perpetrator

Ensure appropriate follow up treatment is provided.

Request police report

Notify victim of results

Within 30 days, conduct sexual abuse incident review.

	<p>Document incident in resident file, as required.</p> <p>Complete retaliation monitoring for 90 days, or longer if victim is still housed at the facility.</p> <p>Complete the PRISON RAPE ELIMINATION ACT (PREA) INCIDENT REPORT</p> <p>As illustrated, the facility does have a coordinated plan that includes actions among staff first responders, medical and mental health, investigators and facility leadership.</p> <p>Summary of evidence supporting a finding of compliance: Review of policy, the response plan and staff interviews confirmed that the facility has provided sufficient evidence to support a finding of compliance with the requirements of this standard.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Interview with the CEO and COO · Interview with Human Resources staff · Interview with the PREA Coordinator · Observations <p>There is no collective bargaining staff (the auditor confirmed this through spontaneous interviews with staff). Interviews with the CEO, COO, Human Resources and the PREA Coordinator confirmed they are able to remove alleged staff from contact with residents pending the outcome of the investigation. The auditor found no reason to dispute this during the audit process. The auditor finds the facility is compliant.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The auditor gathered, analyzed and/or retained the following evidence related to this standard:

- Elmhurst Prison Rape Elimination Act (PREA) Policy
- Observations:
- Interview with the COO
- Interview with the Designated staff member charged with monitoring for retaliation
- Retaliation Monitoring form
- PAQ

The PAQ indicates there have been no instances of retaliation. The auditor found no reason to dispute this during the audit process.

Elmhurst Prison Rape Elimination Act (PREA) Policy states, EHI has an established 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 and shall designate which staff members or departments are charged with monitoring retaliation. EHI employs 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.

For at least 90 days following a report of sexual abuse, EHI monitors the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. EHI shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, EHI shall take appropriate measures to protect that individual against retaliation. EHI'S obligation to monitor terminates if the agency determines that the allegation is unfounded. Please see attachment of retaliation monitoring form.

The agency uses a form to ensure proper documentation of protection from retaliation. All investigations reviewed had the completed retaliation monitoring form, initiated at the time of the complaint until the resident was no longer housed at the facility or the investigation was deemed unfounded. The interview with the staff who monitor retaliation at the facility confirmed all requirements. The auditor was informed that they routinely meet with all residents once a week, so they are able to inquire about any concerns at that time without the action be out of the

	<p>ordinary.</p> <p>Interviews with the COO and PREA Coordinator provided additional assurance that retaliation will not be tolerated. The interview with the COO confirms a strong commitment to ensuring that no one experiences retaliation for reporting sexual abuse, sexual harassment, retaliation or staff neglect that may have led to sexual abuse or sexual harassment. She supported this by indicating that the situation would be dealt with swiftly, quick removal of the retaliator, and even considering moving that person experiencing abuse to the other operation in the agency, if needed. Residents were aware of this right to be free from retaliation as confirmed in their interviews.</p> <p>The agency has adopted the Retaliation Monitoring Form used by the Michigan Department of Corrections and has designated the House Manager as the person who will monitor during the 90-day periods, confirming knowledge that this monitoring starts at the time of the report.</p> <p>Summary of evidence supporting a finding of compliance: The interview with the COO and PREA Coordinator all confirmed that they are aware of the requirements of the standard and will monitor using the designated form upon report of an allegation. Policy supports the requirements of the standard. The interview with the staff responsible for monitoring confirmed to the auditor that they address all requirements of the standard. The established retaliation monitoring review form addresses the requirements of the provision.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview with the PREA Coordinator · Interviews Investigative staff (administrative, sexual harassment allegations) · PREA Investigation template · PAQ <p>The PAQ indicates there have been no substantiated allegations referred for criminal prosecution since the last PREA audit. The auditor found no reason to dispute this during the audit process.</p>

Elmhurst Prison Rape Elimination Act (PREA) Policy Criminal and Administrative Investigations states, Criminal and administrative investigations

When EHI conducts investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. If an administrative investigation is conducted into allegations of sexual abuse the investigator(s) has received special training in sexual abuse investigations, however it is the intent for EHI to contact the local police. Investigators of administrative allegations shall gather and preserve direct and circumstantial evidence, including any available physical evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. If the allegation involves DNA, the local the scene/clothing will be preserved for the police to collect the evidence. If the administrative investigations reveal to possibly support criminal prosecution, EHI shall contact the local police who will determine if compelled interviews need to be conducted. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency /facility shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations shall be documented in a written reports received from the police department investigators. Police will be requested to ensure that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. EHI shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by EHI, plus five years. The departure of the alleged abuser or victim from the employment or control of EHI shall not provide a basis for terminating an investigation. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Policy supports the requirements of all provisions of the standard. The interview with the PREA Coordinator (investigator) confirmed the following: All allegations of sexual abuse and sexual harassment as well as retaliation will be referred for investigation; third party and anonymous complaints would also be investigated in the same manner; once an investigation appears to be criminal, she will contact the police for direction; staff actions or failures are analyzed in the course of the investigation to identify areas needing additional training and the investigation will

	<p>continue even if the alleged victim or alleged perpetrator left the facility. Additionally, it was confirmed to the auditor that evidence would be gathered and preserved and maintained in the administrative offices. The auditor viewed the area where investigations are maintained, the PREA Coordinators' office, which is located in an administration building in her secure office. For investigations referred to the local police, the PREA Coordinator/investigator confirmed that she would remain informed on the progress, and this would be communicated with the administrative team.</p> <p>Summary of evidence supporting a finding of compliance: The policy requires that all provisions of the standard be addressed. The interview with the COO and PREA Coordinator/investigator confirmed that all provisions of the standard is a part of any investigation initiated.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interviews with the investigator(s)/PREA Coordinator <p>Elmhurst Prison Rape Elimination Act (PREA) Policy Criminal and Administrative Investigations states, <i>EHI shall impose no standard higher than a preponderance of the evidence in determining whether administrative investigations of allegations of sexual abuse or sexual harassment are substantiated.</i></p> <p>Based on confirmation by the PREA Coordinator (PREA Manager)/Program Manager who would conduct administrative investigations), the conclusion of unsubstantiated and unfounded would reflect the use of a preponderance of evidence to support the findings.</p> <p>Summary of evidence supporting a finding of compliance: Policy and the interviews confirm that this is the standard to substantiate an administrative hearing. Therefore, the standard is deemed compliant.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed and/or retained the following evidence related to this standard:

- Elmhurst Prison Rape Elimination Act (PREA) Policy
- MOU with Detroit Victim Services
- Interview with the COO
- Reporting to Residents form
- PAQ

The PAQ indicates the following: Zero investigations of alleged sexual abuse completed by an outside agency

Elmhurst Prison Rape Elimination Act (PREA) Policy Criminal and Administrative Investigations states, *Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, EHI shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.*

When EHI did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. Following a resident's allegation that a staff member has committed sexual abuse against the resident, EHI shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;*
- (2) The staff member is no longer employed at the facility;*
- (3) EHI learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or*
- (4) EHI learns that the staff member has been convicted on a charge related to sexual abuse within the facility.*

Following a resident's allegation that he or she has been sexually abused by another resident, EHI shall subsequently inform the alleged victim whenever:

- (1) EHI learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or*
- (2) EHI learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.*

All such notifications or attempted notifications shall be documented. EHI'S obligation to report under this standard shall terminate if the resident is released from the agency's custody.

	<p>This organization has a form developed for use when reporting to a resident the results of the investigation that addresses all aspects of the standard provisions. Additionally, the MOU with Detroit Victims Services confirms the collaboration with the Detroit PD. The interview with the PREA Coordinator confirms that this action will be taken by her.</p> <p>Summary of evidence supporting a finding of compliance: The facility's policy supports the requirements of the standard. The MOU, form for notification and interviews all confirmed to the auditor that there is sufficient evidence to support a finding of compliance.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview with the PREA Coordinator · Observations · PAQ <p>The PAQ indicates there have been zero staff who have been disciplined for violation of agency sexual abuse or sexual harassment policies, zero staff who have been reported to law enforcement or licensing bodies following termination or resignation for violating agency sexual abuse or sexual harassment policies. The auditor found no reason to dispute this during the audit process.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy Disciplinary Sanctions for Staff</p> <p><i>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</i></p>

	<p>The interview with the PREA Coordinator confirmed that the actions specified in the policy would occur. Staff and residents are informed of this during orientation. Dialogue and observations during the onsite visit confirmed that no staff has been disciplined or terminated for violating zero tolerance policy.</p> <p>Summary of evidence supporting a finding of compliance: Policy supports the requirements of the standard. The PREA Coordinator confirmed that these provisions would be followed in the event that a staff member is the subject of a sexual abuse investigation, which is substantiated. Staff and residents are informed of these consequences for staff. Therefore, the auditor finds sufficient evidence to find the facility to be in compliance with the requirements of this standard.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview PREA Coordinator · PAQ <p>The PAQ indicates there have been no contractors or volunteers who have been reported to law enforcement and/or relevant licensing bodies. The auditor found no reason to dispute this during the audit process. The organization does not use volunteers or contractual staff.</p> <p>Summary of evidence supporting a finding of compliance: Review of the policy, interviews and observations support that this agency does not use volunteers or contractual staff in performing duties at this operation. The auditor finds the standard compliant - not applicable.</p>

115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to</p>

this standard:

- Elmhurst Prison Rape Elimination Act (PREA) Policy
- Interviews PREA Coordinator
- Interview with the COO
- Declaration of zero tolerance for sexual abuse, sexual harassment and retaliation for reporting

The PAQ indicates there have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse during the audit reporting period. The auditor reviewed the investigation reports for two completed investigations and found this to be credible.

Elmhurst Prison Rape Elimination Act (PREA) Policy Interventions and disciplinary sanctions for residents

Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions shall be 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. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. EHI may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. EHI prohibits all sexual activity between residents and may discipline residents for such activity. EHI, however, deems such activity to constitute sexual abuse if it determines that the activity is not coerced.

The PREA Coordinator confirmed to the auditor that if a staff had sexual relations with a resident, the resident would not be disciplined for the incident. Interviews with mental health staff confirmed that the operation does not specifically offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse but may address it individually with members.

Policy indicates that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The auditor discussed the myriad of possibilities with the PREA Coordinator. These

	<p>discussions supported those sanctions can include in-house sanctioning to revocation to prison, to being arrested for new charges. This is all based on the reason why the resident is here at the program (court ordered probation, court ordered parolee, other). Additionally, it was stated that the facility would treat every case individually and look for mitigating and aggravating factors before making decisions on discipline. The facility had no examples of disciplinary action for sexual abuse to review. Residents are informed of potential discharge from the program for violation of the zero-tolerance policy on sexual abuse and sexual harassment; it is noted in the intake information provided to residents regarding PREA.</p> <p>Summary of evidence supporting a finding of compliance: Facility policy directs that all requirements of the standard be enforced. As stated, the PAQ indicates there have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse during the audit reporting period. The PREA intake information informs residents of the possible consequences for sexual abuse and sexual harassment. The interviews provided further assurance that the provisions of the standard would be followed.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interviews with staff · Response Plan <p>Elmhurst Prison Rape Elimination Act (PREA) Policy Medical and Mental Care</p> <p><i>Resident victims of sexual abuse shall 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. Security staff first responders shall take preliminary steps to protect the victim pursuant to and shall immediately notify the Clinical Supervisor to arrange for appropriate medical and mental health care. Resident victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any</i></p>

	<p><i>investigation arising out of the incident.</i></p> <p>Summary of evidence supporting a finding of compliance: Policy supports that victims will receive unimpeded access to emergency medical treatment and crisis intervention services. The coordinated response plans and responses to random staff interviews both provided evidence for the auditor to believe that medical assistance would be immediately sought for the resident victim of sexual abuse. Policy confirms that the resident victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. All resident medical treatment is provided in a community setting. Based on this and the documentation provided, the auditor finds that the requirements of the standard are to be met if a sexual abuse incident occurred at this facility.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview with the PREA Coordinator <p>Elmhurst Prison Rape Elimination Act (PREA) Policy Medical and Mental Care, <i>EHI shall 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. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. EHI shall provide such victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while at EHI programming shall be offered pregnancy tests. If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Resident victims of sexual abuse while confined shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</i></p> <p>Summary of evidence supporting a finding of compliance: Analysis of the policy, and</p>

	<p>interview with the PREA Coordinator who confirmed compliance with these requirements, provided the auditor with evidence to find the facility in compliance with the requirements of this standard. The policy confirms that treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical care would be provided in the community. The agency/facility is programming based and therefore has medical and mental health staff available to ensure ongoing treatment will be provided.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interview with the CEO · Interviews PREA Coordinator/Incident Review Team Member · Sexual abuse incident review form · PAQ <p>Upon review of the PAQ, there has been no criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding unfounded. The auditor found this credible.</p> <p>Elmhurst Prison Rape Elimination Act (PREA) Policy requires the following:</p> <p><i>Data Collection and Review</i></p> <p><i>EHI conducts 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors. Investigation reports and medical/mental health records are reviewed, when relevant. The review team shall:</i></p> <p><i>(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</i></p> <p><i>(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification,</i></p>

status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager. EHI shall implement the recommendations for improvement or shall document its reasons for not doing so.

The interview with the COO confirmed these reviews will take place and include key administrative staff. They have not had an allegation of sexual abuse to date for which this would be conducted. The auditor found this credible.

The interview with the Program Manager (PREA Coordinator/PREA Manager) and incident review team member confirmed to the auditor that all incidents of sexual abuse not deemed unfounded will be reviewed by the Leadership team which includes the Recipient Rights Coordinator, Nursing Manager (for the agency) CEO, COO and Clinical Services director. Today, they have not had to conduct an incident review team meeting. A form has been implemented to ensure that the requirements of this review will be met.

Summary of evidence supporting a finding of compliance: The CEO and PREA Coordinator confirmed that all incidents of sexual abuse are reviewed by a committee and reports issued demonstrating a strong commitment to the process. Policy requires such. The review uses a form that addresses all requirements of the provision. Policy and interview with the staff who are on the sexual abuse incident review team (PREA Coordinator) support all aspects of the standard provisions. The auditor finds there is sufficient evidence to support a finding of compliance with the provisions of this standard.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed and/or retained the following evidence related to this standard:

- Elmhurst Prison Rape Elimination Act (PREA) Policy
- Interview with the CEO
- Interview PREA Coordinator (Program Manager, PREA Manager)
- Annual report template of findings from data reviews/corrective actions
- Facility website

Elmhurst Prison Rape Elimination Act (PREA) Policy ensures the following:

EHI shall reviews 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:

(1) Identifying problem areas;

(2) Taking corrective action on an ongoing basis; and

(3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. EHI'S report is 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. EHI may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Both interviews with the Program Manager and CEO demonstrated commitment to ensuring that data is collected, analyzed to access improvement and securely stored. A report template has been developed which address the requirements of the provisions. The CEO confirmed he approves all reports. A web page is available for this facility/agency to ensure the report is made public. The facility has only implemented requirements of the standards for approximately eight months. Policy supports that it will compare statistics once they have been in effect for two years.

Summary of evidence supporting a finding of compliance: After analysis of the agency policy, review of the agency annual PREA report template and interview supporting all efforts toward preventing, detecting and responding to sexual abuse and sexual harassment and approval of the report by the CEO, the auditor finds sufficient evidence to find the agency compliance with all requirements of this standard.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed and/or retained the following evidence related to this standard:

- Elmhurst Prison Rape Elimination Act (PREA) Policy
- Interview with the CEO
- Interview PREA Coordinator (Program Manager, PREA Manager)
- Annual report template of findings from data reviews/corrective actions
- Facility website

Elmhurst Prison Rape Elimination Act (PREA) Policy ensures the following:

EHI shall reviews 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:

(1) Identifying problem areas;

(2) Taking corrective action on an ongoing basis; and

(3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Such report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. EHI'S report is 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. EHI may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Both interviews with the Program Manager and CEO demonstrated commitment to ensuring that data is collected, analyzed to access improvement and securely stored. A report template has been developed which address the requirements of the provisions. The CEO confirmed he approves all reports. A web page is available for this facility/agency to ensure the report is made public. The facility has only implemented requirements of the standards for approximately eight months. Policy supports that it will compare statistics once they have been in effect for two years.

Summary of evidence supporting a finding of compliance: After analysis of the agency policy, review of the agency annual PREA report template and interview supporting all efforts toward preventing, detecting and responding to sexual abuse and sexual harassment and approval of the report by the CEO, the auditor finds sufficient evidence to find the agency compliance with all requirements of this standard.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> · Elmhurst Prison Rape Elimination Act (PREA) Policy · Interviews PREA Coordinator · Annual report of findings from data reviews/corrective actions - template · Facility website · Observation of secure storage of sexual abuse data <p>Elmhurst Prison Rape Elimination Act (PREA) Policy states, <i>EHI ensures that data collected pursuant to § 115.287 are securely retained. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. EHI shall 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.</i></p> <p>Summary of evidence supporting a finding of compliance: Facility policy ensures that data collected pursuant to § 115.87 are securely retained. The auditor observed the PREA Coordinator's office, located in the administrative area, which is securely controlled in addition to other administrative storage areas during the onsite audit. Policy supports that the data collected will be retained for at least ten years. The interview with the PREA Coordinator confirmed compliance with the requirements of the data collection standards. Based on above, the auditor finds the requirements of the standard have been met.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This is the first PREA audit for this agency. Posters announcing the audit were visible in key communication areas of the operation. The auditor was able to see any areas, documents (review and/or retain) and interview any residents requested.</p>

115.403	Audit contents and findings
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This was the first PREA audit for this agency.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	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
115.212 (b)	Contracting with other entities for the confinement of residents	
	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
115.212 (c)	Contracting with other entities for the confinement of residents	
	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	na

	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.)	
	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
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect 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
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	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	yes

	staffing patterns?	
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	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
115.215 (b)	Limits to cross-gender viewing and searches	
	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
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	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,	yes

	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?	
	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
115.215 (e)	Limits to cross-gender viewing and searches	
	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
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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 with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with 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
115.217 (c)	Hiring and promotion decisions	
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	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
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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	yes

	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.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	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
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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
115.231 (b)	Employee training	
	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
115.231 (c)	Employee training	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	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
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	na

	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)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of 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
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	na
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

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

	Whether the resident's criminal history is exclusively nonviolent?	
	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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

115.241 (g)	Screening for risk of victimization and abusiveness	
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	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
115.251 (a)	Resident reporting	
	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
115.251 (b)	Resident reporting	

	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
115.251 (c)	Resident reporting	
	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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	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	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	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
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by 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	na

	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.)	
	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
115.252 (f)	Exhaustion of administrative remedies	
	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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	na

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	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
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	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,	yes

	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?	
	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
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
115.267 (a)	Agency protection against retaliation	
	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
115.267 (b)	Agency protection against retaliation	
	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)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by 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
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(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
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
115.273 (c)	Reporting to residents	
	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
115.273 (d)	Reporting to residents	
	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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

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

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	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
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	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?	yes
	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?	yes
	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?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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