

# PREA Facility Audit Report: Final

**Name of Facility:** Twin County Community Probation Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 05/14/2024

**Date Final Report Submitted:** 07/09/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Todd Butler	<b>Date of Signature:</b> 07/09/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Butler, Todd
<b>Email:</b>	bshauditing@outlook.com
<b>Start Date of On-Site Audit:</b>	04/15/2024
<b>End Date of On-Site Audit:</b>	04/17/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Twin County Community Probation Center
<b>Facility physical address:</b>	520 South Main Street, Three Rivers, Michigan - 49093
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Sean Schmitt
<b>Email Address:</b>	sschmitt@tccpc.comcastbiz.net
<b>Telephone Number:</b>	2692781375

<b>Facility Director</b>	
<b>Name:</b>	Tom Miles
<b>Email Address:</b>	tmiles@tccpc.comcastbiz.net
<b>Telephone Number:</b>	2692781375

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	102
<b>Current population of facility:</b>	87
<b>Average daily population for the past 12 months:</b>	83
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-80
<b>Facility security levels/resident custody levels:</b>	not lockdown facility/non violent offenders
<b>Number of staff currently employed at the facility who may have contact with</b>	30

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	7

<b>AGENCY INFORMATION</b>	
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<b>Name of agency:</b>	Twin County Community Probation Center, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	520 South Main Street, Three Rivers, Michigan - 49093
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Sean Schmitt	<b>Email Address:</b>	sschmitt@tccpc.comcastbiz.net
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<b>Facility AUDIT FINDINGS</b>	
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<b>Summary of Audit Findings</b>	
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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:**

8

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.213 - Supervision and monitoring
- 115.215 - Limits to cross-gender viewing and searches
- 115.217 - Hiring and promotion decisions
- 115.218 - Upgrades to facilities and technology
- 115.231 - Employee training
- 115.241 - Screening for risk of victimization and abusiveness
- 115.253 - Resident access to outside confidential support services

**Number of standards met:**

33

**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:	2024-04-15
2. End date of the onsite portion of the audit:	2024-04-17

#### 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:	Domestic and Sexual Abuse Services

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	102
15. Average daily population for the past 12 months:	86
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	90
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>15</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>Nothing significant to add</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>21</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>2</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>Nothing significant to add</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>16</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input 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><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Facility provided a count sheet and the audit team randomly highlighted individuals from both the male and female side of the facility to be interviewed. Staff escorted the corresponding residents to a private office to conduct the interviews.</p>



<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Nothing significant to add
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1

<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility staff indicated they were not aware of any residents and the audit team openly asked all randomly selected residents with no affirmative response.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility staff indicated they were not aware of any residents and the audit team openly asked all randomly selected residents with no affirmative response.</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility staff indicated they were not aware of any residents and the audit team openly asked all randomly selected residents with no affirmative response.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility staff indicated they were not aware of any residents and the audit team openly asked all randomly selected residents with no affirmative response. Furthermore, the review of all allegations made at the facility did not reveal any residents who were currently residing there during the onsite.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility does not have a segregated unit nor cells.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Nothing significant to report.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>20</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Nothing significant to report</p>

**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	9
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input 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
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No contractors were employed by the agency at the time of the audit.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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



<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>Was the site review an active, inquiring process that included the following:</b></p>	
<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>Nothing significant to add.</p>
<p><b>Documentation Sampling</b></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><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

Nothing significant to add.

## **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:**

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

4

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

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

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	Nothing significant to add.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>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.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No



## Non-certified Support Staff

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

- Yes  
 No

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

1

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></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>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>.211(a) Agency policy, titled “Employee Policy and Procedure Manual-PREA Policy and Procedures” clearly and plainly states “TCCPC is committed to zero (0) tolerance for sexual misconduct between staff, volunteers, contractors, visitors, or residents whether committed by staff, volunteers, contractors, visitors, or other residents.” It further states that any sexual misconduct whether consensual or not is strictly prohibited and disciplinary and/or criminal charges may occur if at the appearance of any sexual contact has been made.</p> <p>The PREA Policy outlines any case with the appearance of sexual contact prompts intervention including investigations resulting in disciplinary actions including the criminal prosecution when and where appropriate.</p> <p>The policy requires staff to follow the agency’s PREA Policy, required training on sexual abuse and harassment prevention and detection as well as responsibilities in the detection, prevention, response, and reporting of alleged sexual abuse and sexual harassment.</p>

	<p>.211(b) Agency policy requires the employment of a full-time staff member, designated by the Executive Director, as the PREA Coordinator/PREA Manager who reports directly to the Program Director. The Program Director is the number 2 person in the overall chain-of-command within the organization. Seeing as the PREA Coordinator/PREA Manager is only one-step removed from the agency's top personnel (Executive Director), the auditor is assured the PREA Coordinator/PREA Manager is clearly an upper-level employee with agency wide oversight.</p> <p>Furthermore, he has a direct hand in the development and implementation of the agency's PREA prevention efforts, including policy and training development, demonstrating he has sufficient time and authority to perform his duties as the PREA Coordinator/PREA Manager appropriately.</p> <p>Based upon the detailed policy and subsequent procedure, along with a thorough review of staff and resident files, coupled with thorough discussions with staff, residents, and volunteers, it is clear to the audit team that TCCPC has not only mandated through policy and rule, but established a culture of zero tolerance for sexual misconduct within its facility and throughout its agency. Furthermore, the agency strictly prohibits any form of sexual contact, consensual or otherwise, further contributing to its ability to detect and respond to sexual abuse should it occur.</p> <p>Based off the details outlined above, the auditor believes the agency has successfully developed a culture of protection for its residents in all aspects of resident safety, including sexual safety, and has gone beyond the minimum requirements to be found compliant with this standard. Therefore, the audit team has determined the agency has exceeded the standard.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency currently does not contract with any other entity for the confinement of its residents. Therefore, functionally speaking, this standard does not apply to the audit. However, the agency has put into place a requirement for any contracted entity, should one ever occur, any contract shall include the provisions of this standard. Due to the fact the agency has demonstrated its ability to plan ahead and actively implement policy language and requirements to adhere to this stand if/when the time comes that they need to enter into such contracts, the auditor is sufficiently convinced the agency would be in full compliance with this standard.</p> <p>Because "does not apply" is not an option and the audit team believes the agency would be fully compliant if they had such contracts, the audit team finds the facility meets the standard.</p>

115.213	Supervision and monitoring
	<p data-bbox="280 188 1015 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 1474 748">.213(a) Agency policy, titled “Employee Policy and Procedure Manual-Prevention Planning” requires the TCCPC PREA Coordinator assist the facility with the development and documentation of its staffing plan. The policy requires the insurance that levels of supervision are adequate enough to ensure residents are safe from sexual abuse. Determinations of adequate staffing, per the policy, are based upon the physical layout of the facility, composition of the residents currently housed at the facility, the prevalence of substantiated and unsubstantiated incidents of abuse, and other salient issues. Furthermore, the policy outlines the staffing plan will address the agency’s development of video monitoring systems and other monitoring technologies.</p> <p data-bbox="280 860 1474 1151">During the onsite visit, the audit team inquired of several residents whether they believed the staffing levels were adequate to ensure their safety. All residents indicated they see staff constantly throughout the facility and the video/audio technology available allows for constant monitoring of the facility. The physical layout of the facility was designed in a way that residents could not hide in blind spots nor be otherwise obscured from staff view in all areas except the bath/shower rooms.</p> <p data-bbox="280 1263 1474 1666">.213(b) The agency has indicated that the staffing plan is never deviated from. The agency requires all staff to remain on assignment until properly relieved and has implemented a pager duty program establishing on-call staff who cover for instances of call-ins or no-shows. The process guarantees the staffing plan is fully complied on all shifts. While conducting staff interviews, the audit team was assured the facility is fully staffed on all shifts. All staff were aware of the call-in procedure and the pager duty process. It was determined that supervisory staff were the one’s assigned the pager duty on a rotational basis and every supervisor interviewed indicated they were willing and able to cover shifts for “line staff” when necessary.</p> <p data-bbox="280 1778 1474 1980">It was apparent from talking with staff throughout the facility visit that everyone working for TCCPC was there because they wanted to be and call-ins were not an issue. A review of the facility’s staffing reports indicated there were no deviations from their staffing plan. Furthermore, the facility routinely has more staff on shift than what is required by their contract with the Michigan Department of Corrections.</p>

	<p>.213(c) Agency policy requires the agency’s staffing plan undergo a review by the TCCPC PREA Coordinator at least annually to ensure staffing patterns are adequate, if other technologies are needed or necessary, and the estimated cost of adding staff or technology to the facility.</p> <p>The agency has completed annual staffing plan reviews for each calendar year since their last PREA audit ensuring compliance with this standard but more importantly ensuring the safety of residents and staff alike.</p> <p>Considering the detailed requirement to review their plan outlined in policy and a specific checklist to document such reviews coupled with the agency's robust camera system and employing staff which far exceeds industry standards for this type of facility and resident population, the audit team has found the agency exceeds this standard.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>.215(a) Agency policy, titled “Employee Policy and Procedure Manual-Limits to Cross Gender searches or cross-gender visual body cavity searches. The policy further states “at no time” circumstances and, should such a circumstance occur, it shall be documented. The policy further states that if such a situation occur, that provides a means for ‘searching’ female residents in order to maintain the following:</p> <ol style="list-style-type: none"> <li>1. The female resident will empty their pockets, purse, jacket, etc.</li> <li>2. The female resident will then clear a metal detector device to ensure no contraband is present.</li> </ol> <p>Every resident and staff interview confirmed the facility does not allow any type of cross gender viewing. If there is ever a reason for male staff to search and female resident it is done so by requiring a metal detector scan with a hand held “wand” device. This is a hard and fast rule at the facility that is not negotiable.</p> <p>.215(b) As stated above for section (a) of this standard, the agency’s policy strictly prohibits cross-gender viewing under any circumstances, and should such a circumstance present itself, the incident is thoroughly logged. The facility does not allow contraband into the facility by a female resident, absent a physical search by a female staff member. The facility provides the opportunity to participate in regularly available programming and other outside opportunities.</p>

.215(c) Agency policy strictly prohibits conducting cross-gender pat-downs, strip searches, or policy the need to thoroughly document any incident of a male staff member touching a female resident. Staff are trained with the knowledge assuring the audit team incidents would be logged if they ever occurred.

.215(d) The agency's physical plant and technology are developed in a manner that allows for privacy throughout the facility except in the restroom/shower areas. In order to ensure residents are comfortable, residents are required to remain clothed at all times and to only shower, perform bodily functions, and change clothes. Non-medical staff from viewing residents in a state of undress.

The same policy also requires staff of the opposite gender to announce their presence when conducting staff and resident interviews, that opposite gender staff announce their presence every time they enter an area of the facility.

While conducting interviews with residents, 100% of them indicated they have never been in a state of undress. Staff announced their presence during the onsite reveal staff announcing their presence anytime they enter an area of the facility.

.215(e) Agency policy strictly prohibits staff from searching or physically examining a suspected resident's genital status. If the resident's genital status is unknown, it may be determined through a medical examination.

The agency has indicated they do not have the resources readily available to meet the needs of the program.

.215 (f) The agency does not allow male staff to perform any sort of searches of female residents. When necessary, in order to prevent restricting female residents from participating in activities, a policy has been detailed in the auditor's response to subsection (a) above.

The agency has employed a training video as the primary means of training staff on cross gender searches.

<https://www.bing.com/videos/search?q=cross+gender+pat+down+search+training+video&docid=607994153166911582>

100% of staff employed by the agency has completed the training as evidenced by the training records. All staff reveal all have completed the training and reveal through inquiry they fully understand the training.

Due to the fact the agency enforces such strict standards on cross gender searches yet provides a training video, the agency exceeds this standard.

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.216(a) Agency policy, titled “Employee Policy and Procedure Manual-Residents with Disabilities and who are Limited English Proficient” clearly states TCCPC shall take any and all necessary steps to ensure those who poses disabilities or are limited English proficient have sufficient 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. The policy goes on to list efforts the agency is committed to, including making available appropriate and effective interpreter and/or translator services and requiring staff to read aloud written documentation for those who need it.</p> <p>The agency has provided a statement in Spanish, the most likely non-English language to present itself among its residents, on all PREA related posters, flyers, and the TCCPC Offender PREA Acknowledgement form stating TCCPC will provide a translator or interpreter if needed.</p> <p>The agency requires all staff to undergo training titled “Deaf and Disability Training - PREA” which sufficiently address the requirements of this standard.</p> <p>While conducting the facility tour, the audit team noticed sufficient signage throughout the facility that detailed the agency’s efforts to ensure the sexual protection of its residents along with details on how to ask for assistance if needed in order to take advantage of the facility’s efforts. Furthermore, during intake, staff read aloud the agency’s efforts to keep them safe ensuring everyone entering the facility is aware of the resources available to them.</p> <p>Interviews with staff and residents demonstrated that 100% had a least minimal knowledge of how and when to report sexual abuse and/or harassment, the resources available, and how to access them, and that any sexual conduct, consensual or otherwise, was strictly forbidden.</p> <p>.216(b) As articulated in the auditor’s response to section (a) above, the agency has sufficiently addressed this requirement within its policy. Upon conducting detailed interviews with the PREA Coordinator and other upper-level management staff, all</p>

are aware of the requirement to provide interpreter services when necessary. The facility has entered into an MOU with Domestic And Sexual Abuse Services (DASAS) for translation services for Spanish and Portuguese. The audit team reached out to DASAS and verified they are available and willing to provide services when necessary. The agency is committed to procuring additional services whenever necessary to address the needs of non- or limited-English speaking/comprehending residents beyond the MOU with DASAS. However, as of this audit, the agency has not needed to procure interpreter services for any reason.

.216(c) Agency policy, titled “Employee Policy and Procedure Manual” strictly prohibits the use of resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-responders, or investigative duties.

Upon conducting staff interviews, it was determined that the facility would rely on other residents to act as interpreters in limited circumstances and only if necessary to address emergent situations or where delay in procuring services may cause harm to a resident. The facility utilizes a “see and say” type of card titled “Language Identification Flashcard” provided on the Census Bureau website that has simple phrases printed on a large laminated sheet in 38 different languages. The intent of this tool is to show it to someone who is non-English speaking and they can point to the phrase they understand in order for the agency to determine the language they need to have interpreted. Although this is not required by the standards in any way, it was another example of how the facility goes above and beyond to meet the needs of their residents.

Reviewing policy, interviewing staff, and making contact with the interpreter services program provided by the agency, the audit team is fully confident of the agency’s ability and willingness to provide these services whenever necessary. Although the need has yet to arise requiring the agency to provide documentation to demonstrate compliance, they have taken steps above and beyond what is required. Therefore, the audit team finds the agency meets this standard.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	.217(a)(b) Agency policy, titled “Employee Policy and Procedure Manual-Hiring and



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

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

.217(c)(d) Agency policy, titled “Employee Policy and Procedure Manual” specifically states, before hiring new employees who may have resident contact, the agency shall conduct criminal background checks and make its best effort, consistent with local, State, and Federal law, to contact all prior institutional employers for information about any allegations of, or resignations in lieu of sexual abuse or harassment while employed with the institutional employer. Agency policy requires these same efforts before enlisting any contractual services if the contractor may have contact with residents.

Furthermore, the audit team reviewed random samples of employee files including job applications completed by staff. Upon discovering staff applications that indicated prior institutional employment, the audit team inquired with HR and the Program Director about efforts to contact prior institutional employers. It was relayed to the audit team that 100% of applicants who indicated prior institutional employment will have their previous employer contacted. This is done through telephone and, if available, email for tracking purposes. The most recent employee hired with previous institutional employment worked for the county jail before coming to the agency. The Program Director is familiar with staff at the county and contacted them prior to offering the position.

Consistent with their own policy, and as a requirement within their contract with the Michigan Department of Corrections (MDOC), the Agency requests from the MDOC a scan of every employee’s criminal history through the Law Enforcement Information Network (LEIN). A LEIN check discloses any and all involvement with law enforcement. The MDOC has authorized persons available to run LEIN checks for facilities they contract with. The MDOC is a PREA compliant state agency who requires these checks annually of their contracted facilities in order to remain

compliant with the PREA standards themselves. Short of a 24/7 live scan, this audit team cannot think of a more thorough method of ensuring the agency keeps close watch of their existing and newly hired staff.

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

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

.217(e) Agency policy titled "Employee Policy and Procedure Manual" requires the conduction of either criminal background checks or other means of capturing this information at least every 5 years. The agency contracts with the Michigan Department of Corrections (MDOC) who require annual Law Enforcement Information Network (LEIN) checks be run on all employees of contracted facilities.

The MDOC conducts the LEIN checks on behalf of the contracted facility but the facility needs to provide lists of employees (and new hires) for the MDOC to run.

There is a standardized form the agency utilizes to track this process and the form is retained by the HR manager at the agency. A review of employee files verified that every employee does have a LEIN check within the past 12 months and any employee with 2 or more years with the agency has multiple.

.217(f)(g) Agency policy states it shall ask all applicants and employees who may have contact with residents directly about previous misconduct regarding sexual abuse and sexual harassment outlined in this standard. The policy states this is conducted in applications for new hires or interviews for new hires and promotions.

The policy also requires the agency to request this information through interviews or self-evaluations of current employees. The policy also imposes upon its employees and contractors the continuing requirement to disclose such misconduct.

Furthermore, agency policy clearly states any material omission or materially false information shall be grounds for termination from employment.

In addition to policy, job applications clearly state any omission of information on the application shall result in termination. A review of employee files verifies the actual applications completed by current employees has the required language on the application. Furthermore, the audit team verified during employee interviews that they were well aware of the requirement to disclose such information, that they have a continuous requirement to report such information, and that failure to do so may result in termination of their employment.

	<p>The agency as met every aspect of this standard and goes well beyond the requirement of conducting background checks once every five years by conducting LEIN checks annually. For this reason, the audit team has determined the agency exceeded this standard.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
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	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
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	<p><b>Auditor Discussion</b></p>
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.218(a) Agency policy, titled “Employee Policy and Procedure Manual-Upgrades to Facilities and Technologies” requires the agency to consider the effect of any design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse.

.218(b) The same policy requires the agency to consider how any technology installations or upgrades have an effect on enhancing the agency’s ability to protect residents from sexual abuse.

While conducting the on-site visit, the audit team’s first stop inside the facility was the control center. The audio and video technology was immediately evident by the large screen monitors on the wall showing footage from cameras placed throughout the facility, including resident rooms, hallways, class rooms, conference rooms, utility rooms, kitchen, dining facility, back docks, the parking lots, and outdoor recreation areas. Aside from the bathroom, drug test room, and shower area, every inch of the facility is covered by camera footage. The agency assured the audit team that no cameras were placed in any bathroom/shower area. While touring the facility the audit team took note that every bathroom/shower area, resident and staff, were void of cameras. While reviewing camera footage and capability, it was noted that no cameras were placed at such an angle that one viewing footage from a remote location could gain a view into the bathroom/shower areas ensuring the privacy of residents while changing clothing, showering, or performing other bodily functions. It was noted the agency took full advantage of the technology available to record sound in all areas where cameras were not allowed. When conducting resident interviews, every resident was aware of the facility’s technological abilities and indicated it enhanced their sense of security and safety while at the facility.

Due to the extensive camera and audio technology already installed at the facility,

	<p>the audit team has found this facility not only takes the safety of its residents seriously, they have invested a significant amount to time, money, and research to ensure their safety. For these reasons, the audit team has found the agency to have exceeded this standard.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>.221(a) The agency does not conduct investigations into allegations of sexual abuse or sexual harassment. Rather, the agency has entered into a Memorandum of Agreement (MOA) with the Three Rivers Police Department to conduct all allegations into sexual sexual abuse and therefore any and all allegations are referred for criminal investigation by Three Rivers Police. Furthermore, any allegation of sexual abuse or sexual harassment must be reported to the Michigan Department of Corrections who deploy trained staff to conduct a thorough investigation into the allegation(s). This is a contractual requirement. All allegations of abuse/ harassment the agency received since their last PREA audit have been referred to the Three Rivers Police Department and to MDOC as outlined in their policy.</p> <p>.221(b) This portion of the standard is not applicable to this audit as the agency does not conduct its own investigations.</p> <p>.221(c) Agency policy, titled “Employee Policy and Procedure Manual-” requires all victims have access to community-based forensic medical examinations at Three Rivers Hospital, the Kalamazoo YMCA, or other free community service that offers examinations by SAFE or SANE certified personnel.</p> <p>At the time of this audit, there have been no allegations of sexual abuse requiring the agency to ensure the alleged victim received services from SAFE or SANE certified personnel.</p> <p>.221(d) Agency policy, titled “Employee Policy and Procedure Manual-Responsive Planning” requires a victim advocate from a rape crisis center be made available, at no cost to anyone making an allegation of sexual abuse/harassment. Agency policy also requires the crisis center offering the victim advocacy services NOT be are part of the criminal justice system (such as a law enforcement agency).</p>

The agency has partnered with Domestic And Sexual Abuse Services (DASAS) in Three Rivers, Michigan to provide these services. An interview with a DASAS employee revealed that DASAS is not only capable of providing the services required under PREA, they are capable of offering services to all residents for any trauma related care they may need, sexually related or otherwise. Furthermore, DASAS conducts weekly rounds at the facility. While conducting the interview with DASAS, they assured the audit team that they were more than capable of providing any services requested by the agency 24/7 and without charge to the resident. Furthermore, the audit team made a phone call to DASAS from resident phones ensuring resident access to DASAS free of charge and at any time they fell contact is necessary.

.221(e) Agency policy requires the allowance of a victim advocate accompanying and supporting a victim through the forensic examination process, including investigatory interviews and providing emotional support, crisis intervention, information and referrals.

The audit team called 1-800-828-2023 and verified DASAS is willing to provide rape crisis services to residents of Twin County Probation Center and representatives from the agency verified they are willing and able to provide all the necessary services for TCCPC to be fully compliant with this standard.

.221(f) The agency has elected to refer each and every allegation of sexual abuse or harassment to an outside law enforcement agency for investigation. The agency has entered into a signed agreement (Memorandum of Agreement) with the Three Rivers Police Department to conduct these services. The MOU was signed by the Three Rivers Police Chief, Chief R. Scott Boling, and Twin County Community Probation Center Director, Tom Miles. The MOU specifically states the Three Rivers Police Department will fully investigate all sexual abuse complaints in accordance with PREA Standards 115.221 and 115.234.

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

A thorough review of all investigative packets of allegations made since the agency's last PREA audit reveal the agency is in compliance with their internal policies and the PREA standards covering investigations. For these reasons, the audit team finds the agency meets this standard.

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.222(a)(b) Agency policy, titled “Employee Policy and Procedure Manual-Responsive Planning” requires an administrative or criminal investigation be conducted for all allegations of sexual abuse or sexual harassment. Furthermore, the same policy requires all allegations of sexual abuse or harassment be referred for investigation by an agency with the legal authority to conduct criminal investigations. Policy has outlined the agency will refer such allegations to either local law enforcement, the Michigan Department of Corrections, or the Federal Bureau of Prisons. It was noted that all allegations received since the agency's last PREA audit were referred to local law enforcement and the Michigan Department of Corrections.</p> <p>.222(c) The agency has elected to refer each and every allegation of sexual abuse or harassment to an outside law enforcement agency for investigation. The agency has entered into a signed agreement (Memorandum of Agreement) with the Three Rivers Police Department to conduct these services. The MOU was signed by the Three Rivers Police Chief, Chief R. Scott Boling, and Twin County Community Probation Center Director, Tom Miles. The MOU specifically states the Three Rivers Police Department will fully investigate all sexual abuse complaints in accordance with PREA Standards 115.221 and 115.234 and outlines the duties and responsibilities of each party. Specifically, the police department is responsible for conducting a thorough investigation in accordance with law and these standards and the agency is responsible for producing any documentation/evidence necessary to conduct such an investigation. Furthermore, the agency is responsible to contact the police department in a timely manner to initiate an investigation due to the time sensitive nature of potential evidence in a sexual abuse case.</p> <p>.222(d)(e) The agency being audited is not a State entity or Department of Justice component. Therefore, this portion of the standard is not applicable to this audit.</p> <p>The audit team has determined the agency has sufficient language in policy and has a suitable agreement, in writing, with a local law enforcement agency to conduct investigations into Sexual Abuse and Sexual Harassment allegations. At the time of this audit, there were four allegations requiring investigations. All four had been referred to local law enforcement and to the Michigan Department of Corrections verifying the agency's commitment to following its policy, this standard, and ensuring the sexual safety of its residents. That said, the audit team has found the agency meets the standard.</p>

<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard

**Auditor Discussion**

.231(a) Agency policy, titled "Employee Policy and Procedure Manual-Training and Education" clearly states, as part of the agency's initiative to promote zero tolerance for sexual abuse and sexual harassment, all staff who work for the agency shall be advised of resident rights to be free from sexual abuse and harassment, shall be trained in the prevention, detection, and response to sexual conduct within its facility. The same policy mandates all staff be trained in how to recognize sexual abuse or misconduct, fulfill their (staff) responsibility under agency policy and procedure regarding the prevention of sexual abuse and harassment, ways residents may report incidents, staff and resident right to be free from retaliation for making reports, the dynamics of sexual abuse and harassment, common reactions of sexual abuse, crisis intervention and treatment options, crime scene and evidence preservation, how to avoid inappropriate relationships, how to effectively communicate with all residents, duties of first responders, mandatory reporting, and cultural competency regarding lesbian, gay, bisexual, transgender, intersex, and gender non-conforming residents.

.231(b) Agency policy requires all training pertaining to sexual abuse or harassment be tailored to the gender of the resident population at the facility. Furthermore, policy requires additional specialized training be provided to medical staff using the DOC (Department of Corrections) PREA training materials for medical practitioners.

Agency staff participate in mandatory annual training ranging from agency instructed training meeting all requirements of this standard as well as online training provided by the Michigan Department of Corrections through a training module called MI-TRAIN which requires a unique user ID and verification that the user has understood the training received. Again, the training required by the Department of Corrections meets every aspect of this standard. The lead auditor of this audit has completed the on-line training and verified its thoroughness and appropriateness to be used to meet this standard.

.231(c) Agency policy requires, in addition to new employee orientation, an annual training module consisting of identifying, responding to, and preventing sexual conduct is required for all staff. This annual refresher shall include reviews of information from the new employee orientation, training on guidelines for female staff announcing their presence before entering the sleeping and bathroom facilities of male residents, and any additional information deemed appropriate or required.

Furthermore, the agency has developed an employee Policy and Procedure Manual

which is provided to every employee upon hire and is reviewed with each employee at orientation. In addition, each employee is required to sign for the Manual indicating they have received and understand the information contained within. The manual includes, among other topics, employee rights/responsibilities,

1. Employee standards of conduct
2. Employee discipline
3. PREA Coordinator Responsibilities
4. Incident and Major Misconduct Reporting
5. Critical Incident Reporting
6. Evidence Preservation
7. Pat Searches
8. Strip Searches
9. Adequate Staffing
10. Sexual Harassment
11. Sexual Misconduct
12. Emergency Plan
13. PREA Standards

This manual is used as a guide to conduct staff training and is but one of the many tools used to train and document staff understanding of training received.

As previously mentioned, all staff are contractually required to complete the Michigan Department of Corrections, MI-TRAIN PREA training. This includes topics such as Deaf and Hard of Hearing Offenders, Disability Awareness for Offenders, Overfamiliarity, Prison Rape Elimination Act, Security Awareness, Culturally Competent Communications and Care of LGBTQ+ People, Gender Pronouns, Sexual Harassment of Offenders (Residents), Sexual Conduct with Offenders (Residents), Humane Treatment, Discrimination, Physical Contact with Residents, Reporting Violations, and Workplace Safety. Again, each employee is required to verify they have been trained, and understand they must abide by the information they have received, by signing acknowledgement of the training received. The signed documents verifying training receipt are maintained in the employee's file.



A careful review of employee files by the audit team verified that all employees have signed verification of training received and all employee interviews verified at least a basic understanding the training.

The agency once again has gone above and beyond the minimum requirements to meet the standard by requiring training annually for all staff in multiple formats. A review of staff files has indicated that all staff are trained and all training has occurred within the past 12 months and has been completed by every staff member every year going back to the agency's last PREA audit.

.231(d) Agency policy requires all staff training to be documented, including that the employee understood the training, and be maintained in the employee's personnel file. The agency has developed a detailed training verification document that outlines the title of each training course, the date of the course, and the percentage obtained on the post training quiz for every employee. Furthermore, the document requires the employee to sign acknowledging they have completed the training modules listed with a minimum passing score, or better. They employee's signature also verifies the employee is aware they must direct any questions regarding the training material to their supervisor/manager. By requiring a minimum passing score of 70% and requiring employees to direct questions to supervisory staff verifies the agency is sufficiently ensuring each and every employee is not only receiving the appropriate training but has fully understood the training as well.

A full review of staff files, as well as verification of training completed while conducting interviews with staff have verified staff have received, and signed documentation of annual training.

The agency has gone above and beyond the PREA and industry standards in regard to training is staff. From the newest employee to the Director, all staff are required to complete multiple training modules annually. This is a premiere example of an agency's willingness to invest in its program and staff ensuring the safety of its residents. Therefore, the audit team has found the agency exceeds this standard.

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>.232(a) Agency policy, titled “Employee Policy and Procedure Manual-Volunteer and Contractor Training and Education” states all volunteers, interns, and contractors shall be advised that any form of sexual conduct with a resident, whether consensual or not, is strictly prohibited and any volunteer, intern, or contractor found to have engaged in such conduct shall be removed from the facility and not allowed to return and be subject to criminal prosecution.</p> <p>.232(b) Agency policy requires that all volunteers, interns, and contractors who have regular contact with residents shall be provided with a copy of the same brochure provided to staff regarding sexual behavior and receive the same information and training materials provided to staff about sexual abuse and harassment. The level and type of training required of volunteers is the same as staff, exceeding the minimum requirement.</p> <p>The audit team conducted interviews with volunteers during the on-site visit. Without exception, those interviewed indicated they have received training specific to the agency’s expectations regarding contact with residents. When probed, all of the volunteers recalled receiving specific training regarding the prohibition of sexual conduct with residents and reporting requirements.</p> <p>.232(c) Again, agency policy requires all PREA related training received by volunteers, interns, and contractors be documented, including documenting they understand the training they received. The documentation shall be maintained by the volunteer coordinator, and/or the Human Resources Department.</p> <p>The agency provided the audit team with copies of signed training rosters of every volunteer and contractor providing services at the facility verifying each as received the required training. Therefore, the audit team has found the agency to be fully compliant and meets this standard.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	.233(a) Agency policy, titled “Employee Policy and Procedure Manual-Resident Education and Training” requires all residents housed with the agency receive, as

part of their orientation to the facility, education regarding sexual conduct. All residents shall be provided oral and written information regarding the agency's zero tolerance toward all forms of sexual conduct, prevention and intervention methods, self-protection, reporting incidents of sexual abuse or harassment including the resident's right to be free from retaliation for making such reports, and how the agency responds to allegations.

.233(b) This agency operates a single facility. Therefore, providing resident education and training to each and every resident assigned to this single facility meets the requirement of this portion of the standard. While performing the on-site visit, the audit team inquired about the frequency of resident training for those who leave the facility. Because the agency is primarily a probation center, most of the residents have requirements to maintain jobs and attend other programming off grounds. Residents who leave the facility on a regular basis do not receive additional training on a daily basis, nor should they unless there is good cause to believe the resident would require, or otherwise benefit from additional education. The agency did verify that any resident leaving the facility for an extended period of time would be treated as a new incoming resident receiving the same benefit as any new resident in regard to screening and education.

.233(c) The agency has an MOU with Domestic And Sexual Abuse Services (DASAS) to provide translation and interpretation services locally. The audit team reached out to DASAS to inquire about the scope of services provided and verified the organization provided interpretive services both receptively and expressively in Spanish and Portuguese. Furthermore, the agency has confirmed they will solicit the services of other local interpretive services, such as those provided by the local courts, for services beyond those covered in the MOU. Detailed interviews with staff verified they were aware of the services offered by DASAS and the agency's requirement to make contact with the organization if and when needed.

Furthermore, the agency utilizes a language identification card which can be shown to incoming residents who speak no English in order to successfully identify the language they understand. The agency also prints, in Spanish (the most likely non-English language of a resident attending TCCPC) that interpreter services are available.

.233(d) Agency policy requires all resident training be documented in each resident's file including a signed receipt indicating the resident is verifying they have received training and information regarding the agency's zero tolerance policy, how to report incidents, and how to obtain treatment if needed.

The receipt states the resident has received a copy of the agency’s written policy mandating zero tolerance toward all forms of sexual abuse and harassment, that the resident has read these policies, or has had them read aloud if necessary, and understand them, and that the resident has a right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents.

A careful review of resident files revealed that all files reviewed contained the signed receipt that the resident has received and understands their rights as well as agency policy regarding their sexual safety. Furthermore, the audit team conducted resident interviews, all of which indicated they had received the training. Every resident interviewed answered interview questions in a manner which revealed they had a good understanding of their rights as well as the agency’s duty to protect them from any type of sexual abuse, harassment, or retaliation.

.233(e) In addition to new resident orientation, the agency has included all the pertinent information provided during the orientation in a resident handbook for ready reference by residents at any time. Furthermore, residents are provided with brochures addressing the potential dangers of sexual conduct and the agency’s zero tolerance policy regarding the matter. The agency’s NO MEANS NO poster is also posted throughout the agency informing residents of how to report, everyone’s right to report, and contact information for victim support services available to residents.

Based on agency policy, staff and resident interviews, and verification of more than sufficient postings throughout the facility, the audit team is fully convinced the agency has provided ample means of educating its residents in a manner that develops a full understanding of resident rights regarding their safety and the agency’s responsibility to act when necessary. For these reasons, the audit team finds the agency has met this standard.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	.234(a)(b)(c) The agency does not conduct investigations into allegations of sexual abuse. Rather, the agency has entered into a Memorandum Of Agreement (MOA) with the local police department (Three Rivers Police Department) to conduct all

	<p>investigations on behalf of the agency. The Three Rivers Police Department has agreed to provide offers skilled in conducting these types of investigations and the MOA states Three Rivers Police Department will comply with all aspects of the PREA standards regarding investigations into allegations of sexual abuse. Furthermore, the agency is required, under contract, to report every allegation of sexual abuse or harassment occurring at the facility to the Michigan Department of Corrections (MDOC). The Department of Corrections then sends trained staff to conduct investigations into the allegations. It was verified by the audit team that the MDOC is PREA compliant and therefore gives assurance to the audit team of their ability to complete these investigations.</p> <p>.234(d) The agency being audited is not a State entity or Department of Justice component. Therefore, this portion of the standard is not applicable to this audit.</p> <p>The agency has sufficiently meant the intent of this standard by contracting, through a signed agreement, with a law enforcement agency with the legal authority to conduct investigations into sexual abuse allegations and fulfill its role under contract with the MDOC. Furthermore, the law enforcement agency has agreed, through said written agreement, to fully comply with all aspects of the PREA standards regarding investigations into allegations of sexual abuse. Therefore, the audit team is finding the agency has met the standard.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>.235(a) The agency does not employ the services of medical nor mental health care workers in its facilities. Rather, the agency refers any resident in need of medical or mental health care to outside facilities capable of providing these services. Therefore, no documentation exists, no interviews were possible, and no means of observation of medical nor mental health staff was possible during this audit. This portion of the standard is not applicable to this audit.</p> <p>.235(b)(c) All medical procedures, including forensic examinations are provided by the local hospital and not by staff employed by the agency. Therefore, this portion of the standard is not applicable to this audit.</p> <p>.235(d) No medical nor mental health care practitioners are employed by the</p>

	<p>agency rendering this portion of the stand not applicable to this audit.</p> <p>The audit process does not allow for a finding of “Not Applicable” and a finding of “Does Not Meet Standard” is inappropriate considering the agency does not employ medical nor mental health professionals. Furthermore, the agency has assured the audit team a practice is in place ensuring appropriate medical and mental health care is readily available to all residents in need at local facilities. Therefore, the audit team has found the agency is in full compliance with the intent of this standard and has found the agency meets the standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>.241(a)(b) Agency policy, titled “Employee Policy and Procedure Manual-Screening for Risk of Sexual Victimization and Abusiveness” requires all residents be screened within 72 hours of admission to a TCCPC facility. Considering TCCPC operates a single facility, the requirement under this portion of the standard to ensure residents are screened upon transfer to another facility is not applicable for this audit.</p> <p>A thorough review of resident files revealed that every resident residing at TCCPC at the time of the audit had been properly screened within 72 hours of arrival at the facility. In fact, the vast majority of the files reviewed by the audit team revealed that residents are screened within 24 hours of arrival at the facility.</p> <p>Detailed interviews with staff and residents confirmed the agency has a practice of screening residents the same day they arrive, far exceeding the requirement of this portion of the standard.</p> <p>.241(c)(d)(e) Agency policy mandates staff conduct thorough interviews and reviews of resident files and any other available information in order to determine whether the resident may be a potential aggressor or potential victim of sexual abuse or harassment while incarcerated. The policy requires, in addition to interviewing residents and completing a review of their file and criminal history, the use of the Prison Rape Elimination Act (PREA) Risk Assessment sheet. The risk</p>

assessment sheet is an objective tool staff use to guide them through the evaluation process in making a determination whether or not to classify a resident as victim or aggressor. The assessment tool covers all nine aspects required by this portion of the standard as well as considering past acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The assessment directs staff when to review past history, when to ask the resident their view/response to a topic and includes an opportunity for staff to override a resident's score if they feel it is necessary to keep all residents safe. Any override requires a detailed explanation of the rationale as to why the screening staff chose to override the findings of the assessment.

.241(f)(g) Agency policy requires a reassessment within 30 days of the resident's arrival at the facility in order to reassess the resident's risk for abusiveness or victimization based upon any additional information that may be known to the facility since the initial assessment. The same portion of policy requires a new assessment whenever warranted or requested by staff or the resident based off new information.

During the course of interviewing staff and residents, and while conducting reviews of resident files, the audit team discovered the agency was conducting reviews of resident risk assessments every 30 days as a part of their monthly file reviews. Each of these monthly reassessments require an in-person interview with the resident in order to gain the residents perspective of their assessment and to inquire about any additional information may want to disclose that they had not revealed in the past. This monthly reassessment goes well above and beyond the requirement of the standard.

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

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

After determining the depth to which the agency goes in order to ensure an

	<p>accurate and unbiased assessment is conducted of every resident, discovering that assessments are more likely than not completed upon a resident's first day of arrival at the facility, and the facility's practice to reassess every resident on a monthly basis, it is without a doubt the agency is far exceeding this standard.</p> <p>Based of the information obtained during the file review, interviews with staff and residents, and a thorough review of resident files, the audit team has determined the agency exceeds this standard.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>.242(a)(b) Agency policy, titled "Employee Policy and Procedure Manual-Screening Results" states housing and bed assignments are made based upon results of resident risk assessments. Options available to the agency include placing residents in an individual room or placing residents on more frequent security checks in order to ensure the safety of all residents. Any resident screened as victim/potential victim is placed as far from any resident screening as aggressor/potential aggressor. This is easily accomplished due to the agency's facility containing multiple rooms, with multiple bed assignments available.</p> <p>Upon conducting rounds of the facility, the audit team found that not potential victims were placed within the same rooms as any resident classified as a potential aggressor. Every resident interviewed indicated they felt safe at the facility and anyone coming to TCCPC with an aggressor's mentality usually didn't last long as they were generally not suitable for the programming available at the facility. This was the general perspective of every resident interviewed by the audit team.</p> <p>While conducting interviews with staff, including supervisor staff responsible for making bed assignments, all staff indicated that risk assessments were a part of the decision making process when assigning residents to appropriate beds. However, each bed assignment was made considering a totality of the circumstances and each assignment was an individualized determination based off those circumstances.</p> <p>.242(c)(d)(e) Agency policy outlines their approach to housing transgender or intersex residents based upon the resident's own views with respect to their own safety. Policy also requires a method by which transgender and intersex residents be allowed to shower separately.</p>



Although the agency has sufficiently addressed this portion of the standard in their policy, they have yet to find a need to implement it as they have never had a known transgender or intersex resident partake in their program.

.242(f) Agency policy does not specifically address the prohibition of placing residents in specific rooms or wings based upon their status as lesbian, gay, bisexual, transgender, or intersex. However, the audit team was able to discern the agency does not place residents in rooms, wings, or dedicated portions of the facility based on such information. This was determined through a thorough tour of the facility, conducting informal interviews with residents and staff, as well as during formal interviews with residents and staff. Furthermore, the facility does not have an adequate number of rooms to break down housing assignments based off such criteria.

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

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.251(a)(b) Agency policy, titled “Employee Policy and Procedure Manual-Resident Reporting” outlines the various methods in which residents of TCCPC are able to report sexual abuse, sexual harassment, or retaliation from staff or other residents. Specifically, policy states it is the goal of TCCPC to make reporting incidents or retaliation as convenient and safe as possible for residents and staff alike. Policy requires all staff and residents to be informed of the following methods of reporting:</p> <ol style="list-style-type: none"> <li>1. Calling the PREA Coordinator directly at (269) 278-1375</li> <li>2. Contacting the PREA Coordinator by email at <a href="mailto:sschmitt@tccpc.comcastbiz.net">sschmitt@tccpc.comcastbiz.net</a></li> <li>3. Meeting with PREA Coordinator in person</li> <li>4. Calling 911 from any phone in the facility</li> </ol>

5. Calling the local Domestic and Sexual Abuse Hotline at (800) 828-2023
6. Any report made to any staff verbally, in writing, anonymously
7. Any third party can utilize the same methods outlined above

While conducting the tour of the facility, the audit team observed the DASAS hotline printed on every telephone in the facility and notices on the phones with a speed dial option. Attempts to reach DASAS from within the facility were successful verifying this was a viable option to everyone (staff, residents, volunteers, or contractors) while inside the facility. It was also verified this was a toll-free call for anyone utilizing it. Furthermore, while conducting both staff and resident interviews, everyone, without exception was aware of the services DASAS provided as well as the toll-free number they could call if they wanted to file a report.

Upon conducting interviews with DASAS volunteers, the audit team confirmed that DASAS would accept reports from staff, residents, and third-parties and would immediately pass along the report to appropriate staff (agency PREA Coordinator) if a complaint was received.

.251(c) Agency policy requires staff to accept reports of sexual abuse, harassment, or retaliation in whatever form the report is made. The audit team confirmed, through staff interviews, that every staff member was well aware of this requirement.

.251(d) As outlined in sub-section (a) of this standard above, all staff receive the same information as residents in regard to reporting options and staff are authorized and encouraged to report by which ever means they are most comfortable.

Based upon the detailed policy outlining the various methods of reporting and the requirement of staff to accept any report regardless of how the report was made/ received, the audit team is assured appropriate administrative measures are in place to fully comply with this standard. Furthermore, while conducting the tour, the audit team witnessed sufficient postings/documentation placed throughout the facility to keep staff, residents, and volunteers well informed of the various options available to report. Interviews with staff, residents, and volunteers confirmed everyone was well aware of the options available. A review of cases of allegations made since the agency's last PREA audit reveal the methods of reporting are effective and being utilized by staff and residents alike. For these reasons, the audit team finds the agency meets this standard.

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>TCCPC does not have administrative procedures to address resident grievances specifically regarding sexual abuse and is therefore exempt from this standard. Furthermore, TCCPC has contained with its policy, on instructions provided to residents regarding grievances, and on the grievance forms themselves that allegations of abuse or harassment are not grievances and will not be processed in accordance with the agency's grievance policy. Rather any allegation of abuse or harassment received on a grievance form or thorough the grievance process will be addressed as a written allegation of the abuse or harassment.</p> <p>Because the audit process does not allow for a not applicable finding of a particular standard and a finding of Does Not Meet Standard would not be appropriate in this case, the audit team has found the facility Meets the Standard.</p>

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>.253(a) Agency policy, titled "Employee Policy and Procedure Manual-Resident Access To Outside Confidential Support Services" states residents will be given access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free numbers, and enabling reasonable communication between residents and these organizations. Residents are informed, prior to being given access, of the extent such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities.</p> <p>The agency has entered into an MOU with and has provided all residents with information on how to contact a local domestic and sexual abuse service center named Domestic And Sexual Abuse Services (DASAS) in response to this standard.</p> <p>While conducting the facility tour, the audit team verified that DASAS contact information was readily available throughout the facility, including a toll-free hotline number posted on every phone available to residents. Furthermore, the audit team confirmed that, without exception, every resident interviewed was fully aware of who DASAS was and the services they provide. The audit team made contact, via the toll-free number and during an in-person interview with a DASAS staff member,</p>

	<p>verifying their full support of TCCPC and willingness to provide any services necessary to address the needs of their residents.</p> <p>.253(b) In addition to agency policy outlining that privacy may be limited, all residents are informed at intake of the limitations of privacy while on the phone or otherwise communicating with staff or volunteers while at TCCPC. Upon conducting interviews with residents, the audit team verified that all residents were well aware of the fact that anything they report while at the facility was limited in scope of privacy due to mandatory reporting obligations of staff and volunteers.</p> <p>.253(c) The agency has entered into an agreement with DASAS by way of a signed Memorandum of Understanding (MOU). The MOU outlines the activities and professional services provided by DASAS, including a full range of Sexual Assault Supportive Services.</p> <p>TCCPC has agreed to allow a DASAS counselor to make rounds and provide additional services, beyond the scope of the MOU and broader than sexual abuse/ harassment, to all residents on a weekly basis. The audit team verified the counselors from DASAS were all licensed and willing to provide any sexual abuse/ harassment services requested by a TCCPC resident 24/7.</p> <p>Based upon the detailed policy requirements addressing this standard, the training provided to residents, the MOU between TCCPC and DASAS, as well as the agency’s willingness to allow DASAS counselors access to the facility on a weekly basis, the audit team has concluded the agency goes beyond the scope required to be found compliant with this standard. Furthermore, the audit team found, during interviews with staff, residents, and volunteers, that services offered in support of this standard are common knowledge and access is readily available. For these reasons, the audit team finds the agency exceeds this standard.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	.254(a) Agency policy, titled “Employee Policy and Procedure Manual-Third Party Reporting” states any third party can report sexual abuse or harassment allegations on behalf of a resident directly to the PREA Coordinator by either phone or email. The PREA Coordinator contact information is posted on the agency’s website at

	<p>TCCPC.net.</p> <p>In addition to what agency policy has outlined, facility practice allows for any third party to report through any of the means outlined in PREA Standard 115.251 Resident Reporting. The No Means No poster posted throughout the facility reemphasizes this information and makes residents, volunteers, and visitors aware of the methods in which a third-party report can be made.</p> <p>While conducting rounds of the facility, the audit team verified there were more than enough No Means No posters hung in common areas readily available to volunteers and visitors, including meeting rooms, class rooms, visiting rooms, and vestibules and entry ways. This assures anyone entering the facility can benefit from the information. Furthermore, this information is part of the training provided to residents at intake insuring they are aware of how third-party reports are made as well.</p> <p>Detailed interviews with staff, residents, and volunteers confirmed all parties are fully aware of the agency’s willingness to accept third-party reports and how they can be made.</p> <p>For the reasons outlined above, the audit team has found the agency meets this standard.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.261(a) Agency policy, titled “Employee Policy and Procedure Manual-Official Response Following a Report” requires all staff to immediately report to the Agency Director any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment occurring in a facility, whether or not it is a part of the agency, retaliation against reporting in such incidents, and any staff neglect or violation of responsibility that may have contributed to an incident or to retaliation.</p> <p>.261(b) Agency policy requires staff to not reveal any information related to a sexual abuse or harassment report to anyone other than to the extent necessary, to</p>

make treatment, investigative, and other necessary security management decisions.

Although no residents who made or were subject to an allegation were present at the facility during the audit, a review of the investigative files and interviews with staff and random residents give the audit team reasonable assurance that confidentiality is taken seriously and adhered to. It is the opinion of this audit team that the staff at TCCPC are compassionate to the needs and rights of the residents under their care. This, coupled with responses from detailed staff interviews regarding this standard assured the audit team the agency has sufficiently informed and trained staff to comply with this standard. Furthermore, the agency has a practice of maintaining any documentation that may come up regarding such reporting behind locked doors in an administrator's or PREA Coordinator's office preventing unauthorized access to such information.

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

.261(d) Agency policy requires reporting to a the Michigan Adult Protective Agency in accordance with law and this standard if an allegation is made affecting a person considered a vulnerable adult. There have been no allegations reported at this facility regarding a vulnerable adult which require the audit team to rely heavily on the responses gained from staff interviews. Staff and volunteers all responded appropriately when asked about reporting requirements under this standard. Therefore, the audit team is assured, should an incident occur involving a vulnerable adult, agency staff and/or volunteer staff would respond appropriately.

.261(e) Agency policy, as noted in sub-section (a) above requires any and all reports or knowledge of incidents be immediately reported to the Agency Director. The same policy requires the Agency Director to notify the agency's PREA Coordinator of such incidents or knowledge as an additional measure to ensure all response requirements are followed appropriately, including reporting such information to local law enforcement in accordance with the agency's MOU with Three Rivers Police and to the Michigan Department of Corrections.

Based off the information outlined above, the agency has successfully fulfilled nearly every aspect of this standard. Because the agency does not employ medical

nor mental health staff, but relies on volunteers to perform these services, the agency must ensure those individuals are properly trained in regard to their duty to report and their duty to notify residents, at the onset of services, the limits to privacy regarding sexual abuse and harassment. The agency can simply add this information and requirement to the volunteer training packet already provided as a suitable training aid for all volunteers, provide and document the training, and follow through with ensuring compliance to the requirement to come into full compliance with this standard.

Once all medical and mental health caretakers entering the facility and providing services to the residents have been trained in these requirements, and signed documentation verifying completion of this training is provided to the audit team, the agency will be fully compliant with this standard. In the meantime, the audit team has found the agency does not meet this standard.

Post Interim Report Update:

The agency provided detailed training to all medical volunteers/contractors who may have contact with residents. The agency PREA Coordinator developed a signature form for every volunteer and contractor to sign indicating they acknowledge they received a copy of, have read, and understand and agree to abide by the agency's policies, procedures, and PREA Federal Register. The form is signed and dated by each medical volunteer/contractor receiving the training.

The agency provided the audit team with copies of every volunteer and contractor providing services at the facility verifying each as received the training. Therefore, the audit team has now found the agency to be fully compliant and meets this standard.

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	.262 Agency policy, titled "Employee Policy and Procedure Manual-Agency Protection Duties" states when any staff learns that a resident is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the resident.

	<p>While conducting interviews with various staff, it was apparent that every staff member was aware of this requirement. Most, in fact, acted as though this was common sense and the primary reason they were at the facility. That said, when probed, all staff responded appropriately indicating they would immediately separate the resident from the threat, ensuring continued safety of the resident while reporting the circumstances to supervisory staff and the PREA Coordinator who would provide follow on instructions appropriate for the specific situation. When asked, every staff member indicated they would not leave a resident alone whom they thought was at risk.</p> <p>While conducting the facility tour, the audit team noticed several resources available to the agency to ensure the safety of an individual resident, even if temporarily, while the situation was investigated and more permanent or long-term plans could be made. Options noted include vacant offices, empty rooms where no other residents currently resided, holding areas where new residents were in-processed, and chairs in the hallways of the administrative wing, among others. These all made excellent choices for staff to temporarily place a resident whom they thought was at imminent risk.</p> <p>For these reasons, the audit team has determined the agency meets this standard.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.263(a) Agency policy, titled “Employee Policy and Procedure Manual-Reporting to Other Confinement Facilities” states upon receiving an allegation that a resident was sexually abused while confined at another facility, the Agency Director that received the allegation shall notify the Agency Director of the facility where the alleged abuse occurred. Agency policy requires such notification be provided as soon as possible, but no later than 72 hours after receiving the allegation and requires the Agency Director to document they have provided such notification.</p> <p>While conducting resident interviews, the audit team uncovered that a resident had allegedly been sexual assaulted while she was at the county jail prior to arriving at TCCPC. The audit team did its best to offer supportive services immediately upon</p>



	<p>discovering the resident had been previously assaulted at another facility due to the resident being noticeably disturbed by admitting to such an incident. The resident was informed of the audit team's duty to report the allegation and she indicated she would be willing to work with facility staff in any way they needed. The audit team promptly informed the Agency Director and PREA Coordinator who both reacted sympathetically and appropriately. The Agency Director immediately contacted the county jail administrator where the alleged incident occurred. It was discovered through the reporting process that this resident had made allegations of abuse at the same location in the past. The agency sufficiently performed its duty in this situation.</p> <p>The immediate response to this allegation demonstrates what the audit team had already determined about TCCPC and its staff. They are in this business because they are compassionate to the needs of its residents and will react swiftly and appropriately to any incident that jeopardizes resident safety or the good order of their facility.</p> <p>For the reasons noted above, emphasizing the quick response of the Agency Director and PREA Coordinator regarding the allegation of abuse occurring at a local jail, the audit team finds the agency meets this standard.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.264(a)(b) Agency policy, titled "Employee Policy and Procedure Manual-Staff First Responder Duties" lays out the requirements for staff to follow in response to becoming aware of an incident of sexual abuse. The policy outlines that staff shall:</p> <ol style="list-style-type: none"> <li>1. Separate the alleged victim from the alleged abuser.</li> <li>2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</li> <li>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.</li> <li>4. If the abuse occurred within a time period that allows for the collection of physical evidence, ensure that the alleged abuser does not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</li> </ol>

5. If the first staff person to respond is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

In addition to outlining these requirements in policy, the agency has developed on one-page reference sheet titled TCCPC First Response Plan which outlines all the requirements of first responders. This document is easy to understand and is an easy reference for staff when faced with a stressful situation of an alleged abuse.

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

Most staff readily provided the team with appropriate responses. However, a few staff, those who were visibly nervous to be interviewed by the audit team and not customarily assigned to a custody position, needed some probing to recall all the steps from memory. That said, when probed with additional questions, all staff were able to articulate appropriate responses to the questions asked of the audit team.

Through interviews and reviews of investigative packets, it is apparent that all staff are well trained and those who have been first responders have responded appropriately. The audit team has relied on agency policy, tools developed, and responses from staff regarding their duties as a first responder in making a determination of compliance. Due to the detailed policy, the development of the First Response Plan, and appropriate responses and actions by staff, the audit team finds the agency meets this standard.

115.265	Coordinated response
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  .265 Agency policy, titled "Employee Policy and Procedure Manual-Coordinated Response" states the PREA Coordinator shall develop a written institutional plan to coordinate actions taken in response to every incident of sexual abuse, among first responders, mental health staff practitioners, investigators, and facility leadership.  The agency developed a one-page reference as their facility plan titled TCCPC First Response Plan. The plan outlines, step-by-step every action required of staff including what to do with alleged victims and abusers, how to protect any physical evidence, who to contact, including law enforcement and medical staff, reports to complete, and facility leadership to contact. The checklist is exhaustive and

	<p>appropriate.</p> <p>While conducting interviews with staff, everyone was aware of the checklist and knew where they could find a copy if and when necessary. Furthermore, as mentioned the auditor’s response to PREA Standard 115.264, staff response to their duties during an incident were appropriate and demonstrated a thorough understanding of their duties and responsibilities following an incident.</p> <p>For these reasons, the audit team has found the agency meets this standard.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency is a privately operated non-profit providing services, under contract, with the Michigan Department of Corrections and other local courts and jails to provide community probation services. Staff employed by TCCPC are not unionized nor are they subject to any collective bargaining agreements. Furthermore, upon conducting staff interviews with the Agency Director, he indicated there are no current unions or bargaining agreements, however, if the time came that this was ever the case, he would ensure agreements are NOT in violation of PREA.</p> <p>Therefore, because the PREA audit process does not allow for a finding of not applicable, the audit team finds the agency meets this standard.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.267(a) The agency has established a policy, titled “Employee Policy and Procedure Manual-Agency Protection Against Retaliation” which establishes the agency’s response to ensuring the protection against retaliation of any resident or staff who report sexual abuse or harassment, or who cooperate with an investigation into these reports.</p>

Agency policy states it is the responsibility of the Agency Director to ensure retaliation monitoring is being conducted. During the on-site visit, when the audit team inquired about the duty/responsibility of retaliation monitoring, it was discovered retaliation monitoring had not occurred in the four cases reported since the last PREA audit. When the audit team interviewed the PREA Coordinator and this was discovered, the PREA Coordinator admitted he missed that requirement and asked for guidance on how to correct the issue and insure the agency implemented practices going forward to ensure the safety of residents and staff while insuring no one is retaliated against.

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

1. Housing changes,
2. Transfers for residents (abusers or victims),
3. Removal of staff,
4. Emotional support services.

.267(c)(d) Agency policy states retaliation monitoring shall occur for a least 90 days following a report. For these 90 days, the Agency Director shall ensure monitoring of the conduct and treatment of residents or staff who reported the abuse and the resident victim(s) of the abuse to see if there are changes that may suggest possible retaliation is taking place. The policy requires prompt action to remedy any such retaliation if discovered. Policy states the following should be looked for while monitoring for retaliation:

1. Resident disciplinary reports,
2. Housing changes,
3. Program assignment changes,
4. Negative performance reviews for staff,
5. Work reassignments of staff.

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

.267(e)(f) Agency policy also requires the same implementation of monitoring for any individual who cooperates with an investigation who expresses fear of

retaliation. All monitoring obligations terminate if an investigation determines the allegation is unfounded.

The agency has met all the policy requirements to meet this standard, however, in spite of having the necessary tools in place, the agency failed to conduct any retaliation monitoring on the four allegations made since their last PREA audit.

Because the agency failed to complete retaliation monitoring on behalf of the residents, and, in one case, staff, the audit team has found the agency does not meet this standard. It has been suggested, and agreed upon by the agency, to conduct a detailed retaliation monitoring training program and to train all appropriate staff who may be assigned retaliation monitoring on the appropriate measures to be taken and why retaliation monitoring is so important. During the corrective action period, the agency establish a training program, have it reviewed and approved by the audit team, train all Case Managers and above on retaliation monitoring, provide the audit team with signature sheets verifying the training, and provide all retaliation monitoring of any allegations they receiving during the CAP. Considering the agency has only received four allegations in the past three years, the audit team has agreed to close out the CAP after three months if all the conditions above have been met and the agency receives no allegations.

#### Corrective Action

The agency developed a comprehensive training program on retaliation monitoring. The training includes details of PREA standard 115.267, a portion of why retaliation monitoring is important and how it contributes to a secure, safe environment for staff and residents, who is responsible for retaliation monitoring, signs to look for that may be retaliatory, and what to do if staff believe there is retaliation taking place.

The training was provided to the top nine staff within the organization to include the executive director, program director, chief of security, and all case managers. The agency provided a signed attestation form for all staff receiving the training acknowledging their receipt and understanding of the training.

The agency has received no additional complaints or allegations of abuse nor harassment during the period since the interim report was authored and the audit team believes the agency has sufficiently addressed the deficiency within this standard. Therefore, the audit team feels there is no need to continue the corrective action plan any longer and now finds the agency to meet this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

.271(a)(b)(c)(d)(I) Agency policy, titled "Employee Policy and Procedure Manual- Investigations" states all investigations shall be done promptly, thoroughly, and objectively, including allegations received anonymously or from third-parties. This policy establishes the criteria for the agency to meet this standard if and when they would conduct their own investigations. However, at the time of the audit, the agency has elected to refer each and every allegation of sexual abuse to an outside law enforcement agency for investigation and is required by contract to report all allegations to the Michigan Department of Corrections for an additional investigation. Police departments, by nature of the required training peace officers receive by law, have sufficient authority and training to conduct sexual abuse and harassment investigations in accordance with the PREA standards and the MDOC is a fully PREA accredited confinement department assuring the same.

The agency has entered into a signed agreement (Memorandum of Agreement) with the Three Rivers Police Department to conduct these investigations. The MOU was signed by the Three Rivers Police Chief, Chief R. Scott Boling, and Twin County Community Probation Center Director, Tom Miles. The MOU specifically states the Three Rivers Police Department will fully investigate all sexual abuse complaints in accordance with PREA standards and outlines the duties and responsibilities of each party. Specifically, the police department is responsible for conducting a thorough investigation in accordance with law and these standards. The agency is responsible for producing any documentation/evidence necessary to conduct such an investigation, including gathering and preserving direct and circumstantial evidence, including any physical evidence, and DNA evidence as well as any electronic monitoring as outlined in agency policy. Thorough interviews with staff revealed all staff are well aware of their duty and responsibility regarding contacting the police department in a timely manner to initiate an investigation as well as the collection and safe guarding any evidence that may aid in the investigation.

.271(e) Agency policy states the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the persons status as resident or staff. Furthermore, agency policy strictly prohibits the use of polygraph or other truth detecting device in conjunction with an investigation.

Thorough interviews with staff reaffirmed to the audit team that everyone employed by TCCPC was aware of the stance the agency has regarding the assessment of credibility assuring the auditors that, if an allegation were made, the credibility of those involved would be based upon the circumstances of the incident and not the status of the individual.

.271(f) Agency policy requires administrative investigations to include a determination whether staff actions or failures contributed to abuse, must be documented in written reports, and a review completed within 30 days of conclusion of the investigation. Policy language meets the requirements of this standard.

However, the agency has indicated that all investigations, criminal and administrative are referred out to the Three Rivers Police Department and the Michigan Department of Corrections. A thorough review of the investigative files for the four allegations received since the agency's last PREA audit reveal the agency has complied with its policy 100% of the time. The audit team has derived, through policy and file reviews along with interviews with agency staff, that the agency would continue to meet the requirements set forth for administrative investigations.

.271(g)(h)(i)(j) At the time of this report, there have been no allegations of sexual abuse or harassment that resulted in criminal prosecution. That said, the agency requests that 100% of allegations reported to law enforcement be referred for prosecution. A thorough review of the investigative files reveals insufficient evidence for prosecution. The audit team made contact with the Three Rivers Police Department and fully discussed the MOU and investigative requirements with agency leadership resulting in full confidence all parties involved are ready and able to fulfill the requirements of this standard.

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

It is worth noting here, that should the agency choose to undertake any investigatory roles in the future, a detailed training program must be implemented in order to sufficiently train the appropriate staff on how to conduct investigations appropriately.

Due to the detail outlined in the investigative files, the information contained in the MOU with the local police department, the contractual obligation to refer all allegations to the Michigan Department of Corrections, and full awareness of all agency staff to immediately contact law enforcement upon knowledge of abuse or harassment as well as detailed interviews with staff and law enforcement confirmed everyone is aware and supportive of their roles. For these reasons, the audit team finds the agency meets this standard.

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.272 Agency policy, titled “Employee Policy and Procedure Manual-Evidentiary Standard for Administrative Investigations” states the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The agency has indicated that any allegation is referred outside the agency for investigation to both local law enforcement and the Michigan Department of Corrections. Local law enforcement has the duty to investigate alleged criminal active and make a referral for prosecution. The MDOC takes on more of an administrative investigation. MDOC policy, like TCCPC, requires a standard no higher than preponderance of the evidence when deterring the outcome of an administrative investigation. The agency head has confirmed, during the staff interviews with the audit team, that any investigation with results indicating staff were more likely than not to have engaged in misconduct shall be held administratively responsible and disciplined, including dismissal, even if insufficient evidence exist to be found criminally responsible.</p> <p>At the time of this report, the allegations made did not result in an administrative finding of guilt. A thorough review of the investigative files reveal the outcomes of the investigations appear to be appropriate based upon the evidence provided in the investigations. Therefore, for the reasons outlined above, the audit team is convinced the agency fully meet the requirements of the standard. Therefore, the audit team finds the agency meets this standard.</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.273(a)(b) Agency policy, titled “Employee Policy and Procedure Manual-Reporting to Residents” states following an investigation into a resident’s allegation of sexual abuse suffered in a TCCPC facility, the PREA Coordinator is responsible for informing the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Offender Notification Form is used to accomplish this task and is required to occur within 30 days of concluding the investigation according to agency policy. It was clarified that the agency employs</p>



the services of the local law enforcement agency to conduct these investigations and both the Agency Director and PREA Coordinator are aware they may need to be proactive in gaining the outcome of the investigation from the police department.

.273(c) Agency policy requires notification of the following for cases where a staff member were involved:

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. TCCPC learns that the staff member has been indicted on a charge of sexual abuse within a facility, or
4. TCCPC learns that the staff member has been convicted on a charge related to sexual abuse within a facility.

.273(d) Agency policy requires notification of the following for cases where another resident where the aggressor:

1. TCCPC learns the alleged abuser has been indicted on a charge related to sexual abuse within a facility, or
2. TCCPC learns that the alleged abuser has been convicted on a charge related to sexual abuse within a facility.

.273(e) Agency policy requires all such notifications to be documented, as stated in sub-section (a) above, the agency has determined the Offender Notification Form is used to document this. Furthermore, agency policy allows for the obligation to notify to terminate if the resident victim is released from TCCPC's custody.

The audit team reviewed the four cases of allegations and in all instances the alleged victim was no longer at the facility at the time of the investigation was completed. This is not uncommon considering the nature of programming at the facility and residents are there for short periods of time. There, the audit team is forced to make a determination of compliance based off agency policy and staff awareness/knowledge of the requirements. The agency has a policy in place that sufficiently addresses the standard and detailed interviews with the Agency Director and PREA Coordinator reveal they are fully aware of the requirements set forth in this standard, have a plan to ensure implementation when needed, and developed the necessary tools to fulfill compliance. For these reasons, the audit team has determined the agency meets this standard.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1468 542">.276(a)(b) Agency policy, titled “Employee Policy and Procedure Manual-Discipline” states staff shall be subject to discipline sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination is the presumptive disciplinary sanction for staff who engage in sexual abuse.</p> <p data-bbox="280 654 1455 900">.276(c) Agency policy continues addressing sexual abuse and sexual harassment allegations by outlining that sanctions for violations of TCCPC policies regarding abuse and harassment, aside from actually engaging in abuse, shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="280 1012 1477 1124">.276(d) Agency policy requires all terminations, including resignations in lieu of termination, shall be reported to local law enforcement, unless clearly not a criminal act, and to any relevant licensing body.</p> <p data-bbox="280 1236 1484 1518">None of the allegations reported have resulted in employee discipline due to findings of insufficient evidence against staff. Therefore, the audit team is forced to make a determination of compliance based off agency policy and staff awareness/ knowledge of the requirements. The agency has a policy in place that sufficiently addresses the standard and detailed interviews with the Agency Director and PREA Coordinator reveal they are fully aware of the requirements set forth in this standard and fully support the implementation of these sanctions if ever necessary.</p> <p data-bbox="280 1630 1468 1912">The Agency Director recalled a history of a staff member who violated agency policy, not related to sexual abuse or harassment. In short, once it was verified the staff member did violate agency policy by allowing a resident to accompany him into an unauthorized area of the facility, the staff member was immediately terminated. This demonstrates the agency’s willingness to act swiftly and appropriately to instances that may place the sexual safety of its residents in jeopardy.</p> <p data-bbox="280 2024 1436 2101">Furthermore, upon conducting staff interviews, the audit team discovered that, without exception, all staff were well aware of the agency’s stance on this matter</p>

	<p>and were fully supportive of the immediate termination of any staff member found to be violating these policies which further demonstrating the overall attitude and culture of the agency and its staff. For these reasons, the audit team has determined the agency meets this standard.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>.277(a)(b) Agency policy, titled “Employee Policy and Procedure Manual-Corrective Action for Contractors and Volunteers states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless clearly not a criminal act, and to relevant licensing bodies. Policy continues with the requirement for the agency to take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case where any other violation of agency sexual abuse or sexual harassment policies were committed by a contractor or volunteer.</p> <p>Fortunately, the agency does not have any documentation to support this standard. In other words, the agency has never experienced an allegation of sexual abuse or harassment perpetrated by a volunteer or contractor for which they would have to demonstrate compliance. However, upon conducting detailed interviews with volunteers at the facility during the on-site visit, the audit team was fully convinced that every volunteer was aware of not only the prohibition for such conduct but also the consequences of doing so.</p> <p>Furthermore, all relevant staff responded appropriately regarding the facility’s requirement to hold volunteers and contractors accountable and the reporting requirements to both law enforcement and appropriate licensing bodies. For these reasons, the audit team has found the agency meets this standard.</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>.278(a)(b) Agency policy, titled “Employee Policy and Procedure Manual-Disciplinary Sanctions for Residents” states residents shall be subject to disciplinary sanctions</p>

pursuant to a formal disciplinary process following an administrative or criminal finding that the resident engaged in sexual abuse. Furthermore, agency policy requires the sanctions to be commensurate with the nature and circumstances of the abuse committed, the resident aggressor's disciplinary history, and sanctions imposed for comparable offenses by other residents with similar histories.

.278 (c) Agency policy requires the disciplinary process to consider whether mental disability or mental illness contributed to the aggressor's behavior when determining what type of sanction, if any, should be imposed.

.278(d) Agency policy, titled "Employee Policy and Procedure Manual-Medical and Mental Health Treatment addresses sub-section (d) of this standard. The policy states, TCCPC will make referrals for the mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

While conducting interviews with TCCPC staff, they indicated that the agency would offer such services by way of referring an alleged abuser to medical and mental health volunteers who routinely make rounds at the facility. When the audit team probed further, the PREA Coordinator indicated DASAS staff and medical professionals from a local doctor's office visit the facility weekly in order to conduct rounds to visit with, engage, and if applicable, provide services to residents. If an allegation of abuse were to occur at the facility, the agency would ensure these volunteers engage with the alleged abuser in order to determine the appropriateness and willingness of the resident to receive such services. The audit team is convinced this practice is suitable given the dynamics of the community confinement environment and is sufficient in meeting this section of the standard.

.278(e) Agency policy is clear that disciplinary sanctions for residents engaged in sexual conduct with staff are only administered upon a finding the staff member did not consent to the contact.

.278(f) Regarding making reports of allegations and disciplinary action for making false reports, agency policy is clear that any report made in good faith will not be considered a false report resulting in disciplinary action. Staff response to interviews verifies staff do not discipline residents for reporting misconduct of any type if done so in good faith.

	<p>.278(g) TCCPC has elected to prohibit any and all types of sexual activity among its resident population and policy requires for disciplinary action to be taken against any residents found to be engaging in such activity. Interviews with staff verify that staff will engage all parties involved in order to determine if coercion was a factor before initiating any disciplinary action regarding consensual sexual acts between residents.</p> <p>At the time of the audit, no residents have been sanctioned for any sexual misconduct. Therefore, no documentation is available for the audit team to review. However, detailed interviews with staff and residents verify sufficient training and information regarding this matter has been distributed throughout the agency and its populace assuring the audit team that awareness in this instance is akin to compliance. Furthermore, as noted in other standards throughout this audit, the agency has a detailed policy governing all relevant factors of this standard. For these reasons, the audit team has found the agency meets this standard.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>.282(a) Agency policy, titled “Employee Policy and Procedure Manual-Medical and Mental Health Care” states resident victims of sexual abuse shall receive timely and unimpeded access to emergency medical treatment and crisis intervention. The policy states these services are provided by the local hospital emergency room or the local rape crisis center.</p> <p>While conducting interviews with relevant staff regarding this process, the audit team was informed that the local hospital might not have a SANE/SAFE on staff, depending on when the incident occurs. The local rape crisis center, however, has contracted with the hospital in another community to provide these services. In order to insure all resident victims of sexual abuse are awarded the most relevant medical treatment possible, policy includes both options. Policy also allows the medical professionals the authority to determine the type and scope of treatment rendered.</p> <p>.282(b) Agency policy does not speak directly to this portion of the standard. However, the agency does not employ medical nor mental health professionals. Therefore, any medical emergency requires staff to immediately contact the local hospital or call ‘911’ in order to ensure timely services are rendered. Interviews</p>

	<p>with staff reveal that everyone is well aware of this practice.</p> <p>Furthermore, the agency has implemented, within their First Response Plan, the requirement for staff to ensure the victim is made safe, separate from the abuser, and to immediately call '911' and request medical treatment.</p> <p>The combination of staff understanding derived from interviews along with the agency's First Response Plan more than sufficiently address this portion of the standard.</p> <p>.282(c)(d) Agency policy requires the timely offering of information and access to emergency contraception and sexually transmitted infections prophylaxis and all services covered under this standard are provided at no cost to the resident.</p> <p>Agency policy sufficiently addresses this standard in its entirety. However, much like previous standards addressed in this audit, the lack of allegations requiring a forensic exam require the audit team to deifier understanding of the agency's requirements to ensure compliance if or when an incident occurs. Upon conducting detailed interviews with staff, it was apparent to the audit team that the agency had done an excellent job of communicating the requirements of this policy, in practice, to everyone. Every staff member interviewed understood the requirement to contact medical emergency services by dialing '911' and to allow all medically appropriate services in accordance with the assessment of the medical professionals. For these reasons, the audit team has determined the agency meets this standard.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>.283(a) Agency policy, titled "Employee Policy and Procedure Manual-Medical and Mental Health Care" requires the agency to ensure access to community-based medical and mental health evaluations and treatment where necessary.</p> <p>Furthermore, agency policy requires the facility to develop and maintain a list of all community-based entities offering services. At the time of the audit, the following entities were on the facility's list:</p>

1. For Medical:
  - a. Urgent Care of Three Rivers
  - b. Three Rivers Hospital ER
2. For Dental:
  - a. Three Rivers Dental Clinic
3. For Substance Abuse:
  - a. Community healing Center
4. For Mental Health:
  - a. Community Mental Health

.283(b) Agency policy continues with requiring the evaluation and treatment of victims, including follow-up services, treatment plans, and referrals for continued care following transfer or discharge.

.283(c) Agency policy addresses the requirement for the agency to ensure services provided are consistent with the community level of care. Considering the agency only provides services rendered by providers from the community, this is more of a reminder to staff and the agency as a whole of the requirement to allow services as directed by community providers.

.283(d)(e)(f) Agency policy requires the following for resident victims of sexual abuse:

1. Tests for sexually transmitted infections
2. Free pregnancy tests
3. Comprehensive information about pregnancy related medical services
4. Access to all lawful pregnancy related medical services

.283(g)(h) Agency policy indicates all services provided to victims of sexual abuse shall be offered at no cost to the victim. The same policy also states the agency will make a referral for the mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by the mental health professionals.

	<p>The audit team has closely reviewed agency policy pertaining to this standard and is satisfied policy appropriately addresses the requirements of this standard. Due to the lack of incidents requiring these services, there is no documentation to review and the audit team is left with determining compliance based upon staff understanding of the requirements. Like several standards before, the agency has done an excellent job putting into place the training, tools, and insuring staff understanding in order to meet compliance. Therefore, the audit team has determined the agency meets this standard.</p>
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115.286	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>.286(a)(b) Agency policy, titled “Employee Policy and Procedure Manual-Data Collection and Review” states the agency shall conduct sexual abuse incident reviews 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. The policy also requires the review be conducted within 30 days of the conclusion of the investigation.</p> <p>.286(c)(d) Agency policy requires the review be conducted by upper-level management with input from the Director, Administrative Case Manager, Chief of Security, Case Managers, Investigators, and Medical/Mental Health Practitioners. Policy goes on to include the review team consider the following:</p> <ol style="list-style-type: none"> <li>1. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.</li> <li>2. Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.</li> <li>3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.</li> <li>4. Assess the adequacy of staffing levels in that area during different shifts.</li> <li>5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.</li> </ol>



	<p>6. Prepare a report of findings, including any recommendations for improvement, and submit such report to the Executive Director.</p> <p>.286(e) Agency policy states TCCPC shall implement the recommendations provided by the review team or document reasons for not doing so.</p> <p>The agency has completed sexual abuse incident reviews in accordance with their policies and these standards.</p> <p>Agency policy does not require the a copy of the sexual abuse incident review report be provided to the PREA Coordinator, as required in subsection (d)(6) of this standard. However, upon conducting interviews with both the Agency Director and PREA Coordinator, and reviewing the investigative files, the PREA Coordinator is included in reviews and retains a copy of the report because that position is responsible for ensuring implementation of any findings.</p> <p>Based off several interviews with staff affected by this standard and a detailed review of agency policy, the audit team is convinced the agency has in place the tools, training, and understanding necessary to meet full compliance. For these reasons, the audit team has found the agency meets this standard.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.287(a)(b)(c) Agency policy, titled “Employee Policy and Procedure Manual-Data Collection” requires the agency to collect accurate, uniform data for every allegation of sexual abuse occurring at its facility utilizing a standardized instrument and set of definitions. Policy requires the agency to aggregate the data at least annually, and shall include, at a minimum, information necessary to complete the Survey of Sexual Violence (now called the Survey of Sexual Victimization).</p> <p>.287(d) Agency policy requires the PREA Coordinator to maintain, review, and collect data as needed from all available incident-based documents including reports, investigations, and sexual abuse incident reviews.</p> <p>.287(e) Agency policy does not address this portion of the standard because it does</p>

	<p>not contract for the confinement of its residents and therefore this portion is not applicable to this audit.</p> <p>.287(f) Agency policy includes the following requirements:</p> <p>a. TCCPC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>b. The TCCPC PREA coordinator shall aggregate the incident-based sexual abuse data at least annually by completing the Survey of sexual Victimization (SSV-4) and uploaded it to website.</p> <p>c. The incident-based data collected will include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>d. The TCCPC PREA coordinator will maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.</p> <p>The agency has completed the data aggregation in compliance with this standard in a format meeting compliance every year since their last PREA audit.</p> <p>For the reasons mentioned above, the audit team has determined the agency meets this standard.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	.288(a)(c) Agency policy, titled “Employee Policy and Procedure Manual-Data Review for Corrective Action” fulfills all the necessary requirements for this standard. The agency has appropriately completed annual reports for each year since their last PREA audit. The audit team reviewed the annual reports and confirmed they contain the same data necessary to complete an SSV and are approved by the agency director. Upon conducting detailed interviews with senior level staff at the agency, all were aware of the reports and the data contained within them.

	<p>.288 (b) The agency's annual reports reflect the current data in comparison to previous years and is used to make staffing, security, and other corrective actions as necessary.</p> <p>.288 (d) No information contained in the annual reports reference PHI or PII and therefore are not redacted in any way before being posted for public review. Therefore, there is no need to include any detail regarding redacted information.</p> <p>For these reasons, the audit team finds the agency meets this standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>.289(a)(b)(c)(d) Agency policy, titled "Employee Policy and Procedure Manual-Data Storage, Publication, and Destruction" states the agency shall ensure data, when collected, will be kept in locked offices, that all aggregated sexual abuse data will be readily available to the public, at least annually through its website, and all personal identifiers will be removed before being made public. Furthermore, policy requires retention for at least 10 years after the date of the initial collection.</p> <p>The agency has appropriately aggregated data in compliance with all the applicable PREA standards each year since their last PREA audit and posted the report on the agency's website. No PHI or PII are included in the annual reports reflecting the aggregated data and therefore no need for redactions before being made public.</p> <p>Based on the information above, the audit team has found the agency meets this standard.</p>

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

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The agency has made publicly available their previous, and only PREA Audit Report on their website. For this reason, the audit team finds the agency has met this standard.

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes



	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	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.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes



	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	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)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	na
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

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

	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	



<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes



	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	na
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	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?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes



	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes