

PREA Facility Audit Report: Final

Name of Facility: Turning Point Recovery Centers

Facility Type: Community Confinement

Date Interim Report Submitted: 01/24/2023

Date Final Report Submitted: 08/10/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Wendy J. Hart	Date of Signature: 08/10/ 2023

AUDITOR INFORMATION	
Auditor name:	Hart, Wendy
Email:	krijescat808498@gmail.com
Start Date of On-Site Audit:	12/05/2022
End Date of On-Site Audit:	12/06/2022

FACILITY INFORMATION	
Facility name:	Turning Point Recovery Centers
Facility physical address:	239 State Street, Pontiac, Michigan - 48341
Facility mailing address:	

Primary Contact	
Name:	Paul Ferrell
Email Address:	pferrell@turningpointrecovery.org
Telephone Number:	248-836-0191

Facility Director	
Name:	Richard MacFarlane
Email Address:	rmacfarlane@turningpointrecovery.org
Telephone Number:	248-836-0191

Facility PREA Compliance Manager	
Name:	Paul Ferrell
Email Address:	pferrell@turningpointrecovery.org
Telephone Number:	O: 248-836-0191

Facility Characteristics	
Designed facility capacity:	30
Current population of facility:	24
Average daily population for the past 12 months:	25
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18 - 70
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the	10

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

AGENCY INFORMATION	
Name of agency:	Completion House, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	54 Seneca Street, Pontiac, Michigan - 48342
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Rick MacFarlane	Email Address:	rmacfarlane@turningpointrecovery.org

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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

2022-12-05

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

2022-12-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?

Yes

No

AUDITED FACILITY INFORMATION

14. Designated facility capacity:

30

15. Average daily population for the past 12 months:

25

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

2

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?

Yes

No

Not Applicable for the facility type audited
(i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	26
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:	0
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:	0
40. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>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:</p>	<p>1</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>7</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>While this information was not formally tracked, staff were able to review records for those housed at the facility during the on-site audit to provide information for targeted interviews.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	

<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>10</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
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<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Selected from male and female residents.</p>
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<p>56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Because some residents from targeted categories did not admit to being part of the targeted category during the interview, their interviews were only counted as random interviews. Not all residents on the targeted categories list were available for interview while the auditor was on site due to work or release.</p>
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<p>Targeted Inmate/Resident/Detainee Interviews</p>	
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<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>2</p>
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).</p>	<p>Staff explained that individuals must be able to participate in programming and function within the 2-story facility, and to communicate effectively to participate in programming. Parole/probation agents only refer residents who are physically able to climb stairs to access housing units, and who are able to communicate as necessary.</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).</p>	<p>Staff related that individuals must be able to participate in programming in which communication is key. Parole/probation agents only refer residents who are able to communicate at a level necessary to participate in the programming.</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).</p>	<p>Staff related that individuals must be able to participate in programming in which communication is key. Additionally, the facility is a two-story house and residents must be able to navigate stairs and hallways. Parole/probation agents only refer residents who are able to navigate at a level necessary to participate in the programming.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-ofhearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).</p>	<p>Staff related that individuals must be able to participate in programming in which communication is key. Parole/probation agents only refer residents who are able to communicate at a level necessary to participate in the programming.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).</p>	<p>Staff related that individuals must be able to participate in programming in which communication is key. Parole/probation agents only refer residents who are able to communicate at a level necessary to participate in the programming.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).</p>	<p>Staff indicated that while there have had transgender residents participate in programming, they indicated there were none there during the time of the audit.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).</p>	<p>The facility staff indicated they had not had a sexual abuse allegation at the facility during the audit period, or before.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).</p>	<p>This facility has no segregated housing or isolation capability.</p>
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<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor attempted to interview a sufficient number of residents who fell into the targeted categories. All who were available from the list were selected for interview, mostly from those who disclosed previous sexual abuse at risk screening. However, two were at work while the auditor was on site, one had just been released from the facility, and two others did not admit to disclosing prior sexual abuse during the interview, so they were interviewed only using the random resident protocol. Two acknowledged they fell into a targeted category during the interviews.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

9

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

If "Other," describe:

The facility had 10 staff assigned to the facility covering all three shifts. This resulted in conducting several interviews over the phone. All available staff were interviewed during or after the onsite audit. The tenth staff member went on unexpected extended personal leave following the onsite portion of the audit so was unavailable to be interviewed.

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
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<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
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Specialized Staff, Volunteers, and Contractor Interviews

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

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>4</p>
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<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>In addition to the ten staff at the facility, three staff from the agency administration building served in multiple specialized roles.</p> <p>None of the staff had been a first responder, or were aware of any sexual abuse reports at the facility.</p> <p>The facility does not have segregated housing or isolation capabilities.</p> <p>The facility does not have health care, SANE/ SAFE, or mental health staff.</p> <p>The facility does not house youthful offenders. The facility does not contract for housing of its residents.</p>

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 PostAudit Reporting Information.

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, crossgender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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).	No text provided.
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse investigations conducted within or outside of the audit period.

99. Did your selection of SEXUAL ABUSE investigation files include a crosssection of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
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Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATEON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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101. Did your sample of INMATE-ONINMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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102. Did your sample of INMATE-ONINMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFFON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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104. Did your sample of STAFF-ONINMATE SEXUAL ABUSE investigation files include criminal investigations?	<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 abuse investigation files)
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105. Did your sample of STAFF-ONINMATE SEXUAL ABUSE investigation files include administrative investigations?	<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 abuse investigation files)
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Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
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a. Explain why you were unable to review any sexual harassment investigation files:	There were no investigations of sexual harassment within or outside of the audit period.
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107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATEON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ONINMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>110. Did your sample of INMATE-ONINMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFFON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ONINMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <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) </p>

<p>113. Did your sample of STAFF-ONINMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <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) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>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 preonsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
<p>Non-certified Support Staff</p>	
<p>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 preonsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
<p>AUDITING ARRANGEMENTS AND COMPENSATION</p>	

121. Who paid you to conduct this audit?



The audited facility or its parent agency



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



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



Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Turing Point Recovery Center (TPRC) Preaudit Questionnaire (PAQ).
2. Turning Point Recovery Center PREA Policy, Effective December 2021, updated March 2023
3. Turning Point Recovery Center PREA Resident Handbook, dated July 2021
4. Turning Point Recovery Center Personnel Policies and Procedures Manual
5. Facility Organizational Chart, Fiscal Year 2022

Interviews:

1. PREA Compliance Manager

Site Review Observation:

~~This is a small facility that conducts residential substance abuse programming for~~

up to 30 individuals, housing both male and female residents. The building is a multi-story house divided into two units, with the female side housing up to ten residents. Residents in both units have assigned sleeping areas with several single-person bathrooms (shower, toilet and sink) with doors, available to residents of the corresponding units. There are half baths available to residents in the common area. There is an administration building in a separate location.

During the onsite review of the facility, the Auditor noted that the audit notifications were posted, both in English and Spanish, on colored paper in a prominent location in the common area where residents spend most of their days.

a) 1. Prior to the onsite review, the response on the PAQ indicated that the agency mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility. Their PREA Policy, effective December 2021, states, "Turning Point Recovery Centers"..."(TPRC) shall maintain a zero tolerance towards all forms of sexual abuse and sexual harassment." And that "All residents and staff have the right to work in an environment free of sexual harassment and sexual abuse."

2. The 10-page Turning Point Recovery Center PREA Policy was provided prior to the audit. It is the foundational outline of the facility's efforts to prevent, detect, and respond to all allegations of sexual abuse and sexual harassment.

3. The following definitions are found in the PREA Policy Definitions section on pages 1-2:

A. SEXUAL ABUSE. For the purposes of this policy, sexual abuse shall be defined as the following conduct between persons regardless of gender. There are two categories of sexual abuse:

1) Sexual abuse of a resident by another resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

a) Any intentional touching or contact, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to physical altercation. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and:

2) Sexual abuse of a resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the resident:

a) Any intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

b) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraph (a) of this section;

c) Any display by a staff member, contractor, vendor or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident, and;

d) Voyeurism by a staff member, contractor, or volunteer.

B. SEXUAL HARASSMENT. Sexual Harassment is defined as repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by a staff member, contractor, volunteer, or another resident directed toward a resident. C. PREA. (Prison Rape Elimination Act).

D. EXIGENT CIRCUMSTANCES. Any set of temporary and unforeseen circumstances that require immediate action in order to prevent a threat to the safety or security of the facility.

E. PREPONDERANCE OF THE EVIDENCE. Proof by information that, compared with information opposing it, leads to the conclusion that the fact at issue is more probably true than not.

4. The facility responded on the PAQ that it does have sanctions for those who are found to have participated in sexual abuse or sexual harassment and these are found for staff, contractors and residents on pages 8-9, section 7 Discipline, parts A, B and C, respectively.

(b) The agency's response on the PAQ indicates that the agency 1) does employ or designate an upper-level, agency-wide PREA Coordinator, who has 2) sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The facility did not enter information into the section affirming 3) the position of the PREA Coordinator in the agency's organizational structure. However, they did provide an organizational chart within the PAQ which shows that the PREA Coordinator is an upper-level administrator, reporting directly to the CEO, and is an upper-level supervisor to all the staff at the facility. TPRC's PREA Policy, page 1, section A, PREA Coordinator, indicates:

1) The PREA coordinator's responsibilities include:

- a) Ensure compliance with the Prison Rape Elimination Act policies and standards
- b) Develop and implement a PREA training plan.
- c) Monitor intake screening procedures.

d) Ensure all incidents of sexual abuse are referred to the appropriate law enforcement authorities.

e) Ensure reports and investigations are conducted on all incidents of sexual abuse or sexual harassment.

f) Maintain data collection of incidents and coordinate reporting of such to MDOC.

g) Review all incidents and take appropriate actions to prevent any future occurrences

The PREA Coordinator confirmed during his interview that he 1) has enough time to manage all of his PREA-related responsibilities. He further elaborated about how he 2) coordinates his agency's efforts to comply with the PREA standards by ensuring training is completed, making all aware of PREA requirements, discouraging fraternization, educating all staff on policy and terminology, and coordinating with MDOC contract monitors for things such as site visits, annual reports, and virtual meetings. When asked what actions or processes he would undertake to work toward compliance if an issue was identified with complying with a standard, he indicated 3) he has done lots of research related to the standards, but could call the contract monitors for clarification, if needed. He indicated he would take action necessary to meet standards. Documentation provided on-site, including the TPRC *Sexual Abuse, Assault and Harassment PREA Resident Handbook* and TPRC *Personnel Policies and Procedures Manual*, were additional documents created to ensure staff and residents are well aware of the zero tolerance for sexual abuse and sexual harassment, and processes in place for reporting and responding to allegations of sexual abuse and sexual harassment.

Conclusion

Based on the available evidence, the agency is found to be compliant with this standard.

115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Turning Point Recovery Center PAQ 2. Michigan Department of Corrections Vendor Rules and Regulations <p>Interviews:</p> <ol style="list-style-type: none"> 1. Turning Point Recovery Centers Chief Executive Officer 2. PREA Coordinator <p>(a) – (c) It was reported in the PAQ that this agency has entered into a contract for confinement of its residents. This was misunderstood. They are a private agency that has contracted with a public entity (state department of corrections) to provide</p>
	<p>department- or court-ordered substance abuse programming to persons on parole or probation. As such, this facility has agreed to comply with PREA standards as indicated in paragraph P under Security Standards in the contract, and this requirement is monitored by Michigan Department of Corrections contract monitors. During the onsite portion of the audit, the Chief Executive Officer and PREA Coordinator discussed examples of interactions and assistance they have had with the contract monitors and corroborated that the facility does not contract with other entities for confinement of their residents.</p> <p>Conclusion</p> <p>Based on the available evidence, the elements of this standard do not apply to this agency. The auditor finds the facility compliant with this standard.</p>

115.213 Supervision and monitoring

Auditor Overall Determination: Meets Standard Auditor

Discussion

Document Review:

1. Turning Point Recovery Center PAQ
2. Turning Point Recovery Center PREA Policy, Effective December, 2021, Revised March 2023
3. Turning Point Workforce Development document, including 2023 updates
4. Turning Point Recovery Center resident roster, dated 12/2/2022

Interviews:

1. PREA Coordinator
2. Facility Director

Site review observation:

Activities at the Turning Point Recovery Center are very structured, with residents being required to participate in various groups or assignments during most of the day. Shifts run from 7-3; 3-11, and 11-7 for staff at the center, with agency administrative staff intermittently dropping by at the center, and/or filling in should a staff member be unavailable for a scheduled shift. The Auditor viewed the staff office video system monitor and toured the building and noted that cameras were placed strategically throughout the facility, excluding the bedrooms and bathrooms. The Facility Director has 24/7 access to

the camera system via a phone app and periodically checks in to view the cameras on all shifts. In addition, several administrative staff are on-call 24/7 to respond to issues that may arise. Current staff to resident ratios appear to be as follows: At minimum, 1:10 days, 1:15 on afternoons, and 1:30 on nights when lights are out and residents are required to be in their bunks. Administrative staff indicated

they are considering hiring an additional staff member for the night shift, and the auditor agrees this would be helpful to support safety and security of residents and staff.

(a) The agency affirms in the PAQ that the agency requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect Residents against abuse. The TPRC PREA policy, page 2, section B, Staffing Plan, states "TPRC shall develop a staffing plan to provide adequate staffing levels and where applicable, video monitoring to ensure staff and resident safety and to protect residents against sexual abuse. When developing the staffing plan, the facility shall take into account the layout, composition of the resident population, and any other relevant factors." However, the document provided within the PAQ, entitled Workforce Development Plan did not contain the necessary information. During a corrective period, the facility updated the document to include the required information.

If a person cannot make their shift, another staff member will be called in to fill the position, either an employee from the center or from the nearby substance abuse program location that houses the administrative staff offices. It was discussed that the document provided does not meet the standard, and that a staffing plan would need to be developed. The facility subsequently updated the Workforce Development document to include required elements of the staffing plan.

The PAQ indicates that the capacity of the facility is 30 and the average daily number of Residents since August 20, 2012 is 20. The PAQ indicates the staffing plan was predicated on a population of 25 residents. Per discussion with the Facility Head and PREA Coordinator, the population on the first day of the audit was 25, composed of 6 female and 19 male residents.

(b) The PAQ selection of N/A was made for this provision to indicate that there have been no deviations to the staffing plan. The PREA Policy also indicates "Anytime there are deviations in the staffing plan, the Program Director or designee shall document the deviation and justify the reason." During interviews with the PREA Coordinator and Facility Director, it was affirmed that the facility is staffed as required on a daily basis. Review of the HR policies and procedure manual shows strict requirements related to staff attendance and absence. It was observed during the onsite portion of the

audit and during telephone conversations with afternoon and midnight staff, that staff members reported early for each shift. Additionally, it was observed during that time, when several staff became ill, staff from other shifts or the other location filled in for them.

(c) ~~The PAQ states at least once every year the facility/agency, in collaboration with the PREA coordinator, reviews the staffing plan to determine whether adjustments are needed in (a) the staffing, (b) the deployment of monitoring technology, or (c) the allocation of agency/facility resources to commit to the staffing plan to ensure compliance with the staffing plan.~~

The TPRC PREA Policy, page 2, section B Staffing Plan, 3) states that “Whenever necessary, but at least once a year, the PREA Coordinator shall, in conjunction with the Program Director and Chief Executive Officer”...”assess, determine and document whether adjustments are needed to the staffing plan, video and other monitoring technology, and the resources the facility has available to adhere to the staffing plan.” It should be noted that camera placement in the facility has been well-thought out, with a couple potential blind spots noted during the on-site review. Immediately following the on-site review, the administrator contacted their camera provider to install the cameras as suggested, as well as two more to support existing monitoring capability.

Included in the PAQ was a workforce development plan for the agency that is reviewed and updated annually. However, it did not address the elements of this standard specifically for the facility being audited. It included agency staffing numbers and diversity in general, which related to the agency, but not the individual facility being audited. Additional information was requested and received to support a staffing plan that complies with the standard. Review of the additional documentation received post-audit demonstrates completion of this requirement.

Conclusion:

Based on the available evidence, the facility is found compliant with this standard.

115.215	Limits to cross-gender viewing and searches
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Turning Point Recovery Center PAQ
2. Turning Point Recovery Center PREA Policy, updated March 2023
3. Turning Point Recovery Centers Personnel Policies and Procedures Manual
4. Documentation of searches training, conducted February 2023

Interviews:

1. Random Residents
2. Random staff

Site Review Observation:

Facility staff indicated that they are prohibited from conducting any type of crossgender searches of residents' bodies, including pat searches, strip searches or visual body cavity searches of residents. It is noted that the facility does not employ any medical staff and policy prohibits strip searches and body cavity searches by staff at the facility.

(a) Turning Point Recovery Center PAQ states the facility does not conduct crossgender strip or cross-gender visual body cavity searches of their Residents. It also reported zero cross-gender strip or cross-gender visual body cavity searches of Residents in the last 12 months. TPRC PREA Policy, Section C Cross Gender Viewing and Searches, part 2) states "Cross gender strip searches and body cavity searches are prohibited." The facility does not employ any health care staff; therefore, those searches are not conducted at TPRC.

While staff interviewed on site indicated they were prohibited from cross-gender searches, including pat searches, the agency did not provide documentation of this requirement related to pat-searches. During the corrective action period, the agency updated their policy to include the prohibition of cross-gender pat-searches. Additionally, the facility provided documentation of searches training conducted during the post-audit period.

(b) The TPRC PAQ indicated that the facility does not conduct opposite gender body searches of any kind and that zero searches of female residents were conducted by male staff. The four female residents interviewed indicated that they had not been prohibited from activities and did not believe they would be prohibited from activities requiring a pat-search. It was also mentioned by staff and residents that the facility also has a wand staff can use when conducting a search. They also reported there was usually a female staff member there. Staff interviewed indicated that usually residents were searched upon return from outside the facility (for example, work or medical appointment), not in preparation for activities within or outside the facility. Staff reported they do not do opposite gender pat-downs, and that, if a female staff member was not present, they could call to the administration facility for one of their female staff to come over for that purpose. Staff also indicated staff can use a wand to search residents of the opposite gender.

(c) Turning Point Recovery Center indicated on the PAQ that the facility policy does not require that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified because the staff do "not conduct cross-gender searches of any kind." It also indicates that since these searches are prohibited, there have been zero during the audit period.

(d) The PAQ states the facility has implemented policies and procedures that enable Residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The PREA Policy, Page 2, Section C states "1) All Residents shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Staff of the opposite gender are not allowed (without being accompanied by a same gender staff) to enter an area where Residents are likely to be showering, performing bodily functions, or changing clothing."

During the onsite review, all the residents were either working (within or outside the facility) or engaged in programming in the main area of the building. There were no residents in the housing areas, where they might be changing clothes, showering or using the bathroom. The bathrooms were not group

bathrooms, they were ordinary full or half baths found in any house (1 toilet, 1 sink, and 1 shower; or 1 sink and 1 toilet). All the bathrooms had a door on them, and the showers had shower curtains.

During interviews, all Residents indicated that opposite gender staff announce themselves when they come into the housing unit. Not having witnessed an announcement during the tour of the facility, this auditor asked random residents how the staff make the announcements or if they were ever surprised that someone of the opposite gender was in their housing area. They indicated the staff say "(gender) on Floor" and could hear their voice, or footsteps. They indicated they were aware when staff of the opposite gender were in their housing areas and were not taken by surprise. It was explained that if bathroom or bedroom doors are closed, staff knock and do not "barge in" or "accidentally" open the doors on them, and consistently confirmed that they can perform bodily functions, change clothes, and shower without being viewed by staff of the opposite gender. They also indicated that they changed clothes in the bathroom or bedroom behind closed doors.

During interviews, staff indicated they announce their presence when entering a unit housing residents of the opposite gender from themselves; however, this auditor did not find this requirement in policy or in the personnel policies and procedures manual. Since the auditor had no opportunity to witness an announcement, random staff were asked to describe how they announce, with the response being similar to that described by the residents. Staff also indicated that there are house rules that include a dress code for daytime activity and sleeping as well. Residents are required to wear clothing that is not revealing, in day activities and when sleeping.

(e) The Turning Point Recovery Center PAQ affirms the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. It reported that such searches did not occur in the past 12 months. This requirement is found in TPRC PREA Policy, Page 2, Section C indicates "Staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining genital status." During interviews with random staff, it was stated this is definitely prohibited. Upon review of the resident roster, it was reported that no residents

who identified as transgender or with an intersex condition were housed at the facility during the onsite interview, therefore, none were interviewed.

(f) The Turning Point Recovery Center PAQ states 0% of security staff at each facility receive training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner. Staff related that their program is a trauma-based treatment program, and that respect and trust is an important part of such programming. They

indicated residents are considered the gender on their driver's license and pat-searched by a person of that gender. During interviews, formal and informal with all staff, and review of the personnel policies and procedures/code of ethics, it appears that with the nature of the work they do, their guidance is to be respectful and professional in all interactions with residents.

Further discussion indicates that the policy prohibits a staff member from going into an area where opposite gender residents are likely to be performing bodily functions, changing clothes, or showering, without a staff member of the same gender as the residents accompanying them, to ensure that no offender is in a condition where their unclothed bodies could be viewed by the opposite gender staff member.

While it is a commendable practice for TPRC staff to not conduct opposite gender searches, it is required by the standard that all staff be trained in how to conduct them, since the facility houses more than one

gender. Staff must be prepared in the event of an emergency when a situation might arise that they would have to pat down an individual of the opposite gender. Therefore, in order to meet the standard, the auditor required that all staff must be trained in conducting opposite gender pat downs, and the training documented. It was also indicated the requirement should be added to the policy that if a cross gender search should take place, it must be documented.

The facility conducted Searches Training in February, 2023 and provided documentation of attendance at the training. In addition, review of the updated PREA policy demonstrated it now includes these requirements.

Conclusion

Based on the available evidence, the facility is found compliant with this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation
	<ol style="list-style-type: none"> 1. Turning Point Recovery Center PAQ 2. Turning Point Recovery Center PREA Policy 3. Staff Training Transcripts 2021 <p>Interviews</p> <ol style="list-style-type: none"> 1. Agency Head <p>Onsite Observations</p> <p>There were no residents identified with limited English proficiency (LEP) or disabled during the on-site portion of the audit. Staff explained that residents must be able to communicate with staff in order to participate in the program as it is composed of group sessions and discussions with counselors and other staff. There is one staff member who is bilingual (Spanish) who indicated she could translate for a Spanishspeaking individual. It was reported by administrative staff that it was not likely that a person would be referred to the facility if they could not communicate with staff to be able to be successful with the programming. It was indicated that the referring agents are familiar with the requirements for program completion so those individuals would be screened out.</p> <p>(a)-(b) On the PAQ, the agency indicated it has established a procedure to provide disabled residents and residents with limited English proficiency 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. The facility uploaded the following excerpt from their PREA policy, page 3, section D, Residents with Disabilities and Residents who are limited English proficient:</p>

1) All residents will have every opportunity to participate in all aspects of sexual abuse and sexual harassment prevention, detection and response. The program shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities or limited English proficient. 2) Interpretation services will be provided as needed.

The facility also uploaded transcripts for five staff that demonstrated they had completed PREA training, which included the PREA-complaint practices for residents with LEP and also a training on appropriately interacting with people who are deaf or hard of hearing.

(c) The PAQ is blank related to the provision that the agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances and where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of firstresponse duties under 115.264, or the investigation of the resident's allegations.

~~However, they do indicate they would document the limited circumstances in individual cases where~~ resident interpreters, readers or other types of resident assistants are used. It also indicates there have been zero such incidents in the last 12 months. The TPRC PREA policy section cited above requires that "Resident interpreters will not be utilized for any investigation aspects of reported sexual abuse or harassment except where an extended delay in obtaining an effective interpreter could compromise resident's safety or performance of first responders or investigation of resident's allegation. Any use of resident interpreters must be documented."

During interviews with random staff it was noted that when staff were not sure whether to allow one resident to interpret for another resident reporting sexual abuse, almost all leaned toward not doing it. Some cited privacy or confidentiality. Several indicated there was a Spanish-speaking staff member that would be the better choice. All indicated they would report to supervisor, and some indicated the supervisor/administration would get an outside interpreter. None was aware of it ever happening at the facility. Several staff members indicated the facility wouldn't be able to admit them to the program unless they could understand enough English to participate in the substance abuse programming. The Agency Head indicated the administration would get an interpreter if necessary.

Conclusion

Based on the available evidence, the facility is found compliant with this standard.

115.217	Hiring and promotion decisions
	<p data-bbox="280 192 983 226">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 271 571 304">Auditor Discussion</p> <p data-bbox="280 349 539 383">Document Review</p> <ol data-bbox="344 450 1070 607" style="list-style-type: none"> 1. TPRC PAQ 2. TPRC PREA Policy 3. TPRC Personnel Policies and Procedures Manual 4. Human Resources File <p data-bbox="280 651 427 685">Interviews</p> <ol data-bbox="344 752 959 819" style="list-style-type: none"> 1. Administrative (Human Resources) Staff 2. PREA Coordinator <p data-bbox="280 931 1477 965">(a) The TPRC PAQ indicates the agency policy prohibits hiring or promoting anyone</p>
	<p data-bbox="280 1021 1422 1099">who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <ol data-bbox="280 1111 1461 1391" style="list-style-type: none"> (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. <p data-bbox="280 1435 1461 1547">(b) Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="280 1592 1461 1783">(c) Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p data-bbox="280 1827 1477 2074">Regarding provisions (c) and (e), the PREA Policy, page 2, section 1D, states "1) All employees shall have a criminal background check completed at the time of employment, prior to any promotion, and annually thereafter. All new employees will be appropriately screened by human resources staff before starting employment and are required to disclose any previous misconduct of a sexual nature, whether engaging in, or having attempted to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion; or if the employee has been civilly or administratively adjudicated to have engaged in any of</p>

this activity. Material omissions regarding misconduct, or providing false information shall be grounds for termination."

(d) Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.

The TPRC PREA Policy, page 2, section 1D Hiring and Promotion Decisions, states "3) All volunteers and contractors shall have a criminal background check completed prior to having contact with any resident. Any volunteer or contractor involved in sexual misconduct 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 shall not be enlisted to provide services to any residents."

(e) Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

The PREA Coordinator indicated that the contracting agency requires that criminal background checks are conducted annually.

(f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The PREA Policy, page 2, section 1D, requires 2) "All staff must continue to disclose any sexual misconduct 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."

(g) The TPRC PAQ states agency policy does not state that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. However, the TPRC PREA Policy contains this requirement. Also, the Personnel Policies and Procedures Manual indicates that "falsifying any record or report, such as an application for employment..." is prohibited conduct and will subject the person involved to disciplinary action up to and including termination/removal from position.

(h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. During an interview, human resource staff indicated they could only provide information other than verification of employment dates with a signed release from the former employee.

During the post-audit period, the facility developed, initiated, and provided to this auditor, an addendum to their employment application that includes signed permission to contact previous institutional employers, and asks the required questions of staff who have contact with residents as required by this standard.

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

(2) Has the individual been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has the individual been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

During the post-audit period, the PREA Policy was also updated to include that sexual harassment would be considered when deciding to promote or hire any individual.

Conclusion

Based on the available evidence, the facility is found compliant with the standard.

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115.218	<p>Upgrades to facilities and technology</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review</p> <p style="padding-left: 40px;">1. Turning Point Recovery Center PAQ</p> <p>Interviews</p> <p style="padding-left: 40px;">1. Facility Director</p> <p>PREA Compliance Manager</p> <p>(a) The TPRC PAQ indicates that the facility was modified to house two genders in February 2022. Areas were partitioned off to prohibit access from one housing unit to the other. The two housing units are on opposite sides of the building and each has its own entrance and stairway.</p> <p>(b) The TPRC PAQ indicates that a video monitoring system has been installed, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. During the on-site review of the facility, the Facility Director discussed the capabilities of the monitoring system and explained reasons for placing cameras as they were. There is some capability for monitoring audio in the facility as well. The cameras are monitored in the staff office, and also in the administration building in the PREA Coordinator's office. Additionally, the Director can also monitor staff and resident activity any time of the day using his smartphone. It was apparent they were thoughtfully placed with safety and security of staff and residents in mind, as well as enhancing visibility of staff and residents throughout the building. The camera system maintains recordings for a period of time, and recordings can be downloaded as necessary for training purposes and for investigations.</p>

Recommendation

Placement of two cameras were recommended, one that would cover a stairway and landing that would also be directed toward the entry of several rooms on that floor, and the other directed down a hallway toward the dividing wall between units and a back bedroom around a blind corner. That camera would cover a bathroom door as

	<p>well. The agency immediately contacted a camera contractor and had additional cameras placed in the facility.</p>
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Conclusion

Based on the available evidence, the facility is found compliant with this standard.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review</p> <ol style="list-style-type: none"> 1. TPRC PAQ 2. TPRC PREA Policy 3. Turning Point Recovery Center Coordinated Team Response document <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Staff 3. SANE/SAFE 4. Facility Director <p>During interviews, staff indicated that forensic exams would be conducted at a local hospital. The Facility Director and PREA Coordinator indicated that the facility a community victim advocate would be provided. The facility has a relationship with a local rape crisis center through the Oakland County Sexual Abuse Response Team. In addition, a qualified staff member could be provided if requested by the resident.</p> <p>(a)</p> <ol style="list-style-type: none"> 1 TPRC PAQ indicates the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). 2 TPRC PAQ indicates the agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). 3 The TPRC PAQ states that the Michigan Department of Corrections and local police conduct administrative and criminal investigations of sexual abuse the facility.

4 The TPRC PAQ indicates that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

(b)

1 The TPRC PAQ indicates that the protocol is not developmentally appropriate for youth, and the facility does not house youth. They house adults over the age of 18.

2 The TPRC PAQ goes on to state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. They did not upload a document, but during random staff interviews, staff indicated some familiarity with those items listed in the PREA standards related to preserving physical evidence. Some elements of evidence preservation were listed on the *Turning Point Recovery Center Sexual Abuse Coordinated Team Response* document.

(c) The TPRC PAQ indicates that the agency does not 1) offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, and did not respond to the subsequent provisions: 2) without financial cost, where evidentiarily or medically appropriate. 3) Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. 4) If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. 5) The agency shall document its efforts to provide SAFEs or SANEs. 6) & 7) & 8) The facility report that there were no medical exams during the audit year as the result of a sexual abuse investigation, as there have been no sexual abuse allegations and that any allegations of sexual abuse (criminal) of residents would be referred to local law enforcement.

(d)

1 The TPRC PAQ indicates the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means.

2 The TPRC PAQ asserts these efforts are documented. The facility indicates they have no written agreement, but they use Common Ground Crisis Center which is part of Oakland Community Health Network (OCHN) of which they are a part.

3 The TPRC PAQ affirms that if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. The facility indicates that they have a staff member with a Master's Degree in Social Work and experience in crisis management.

(e) The facility responded on the PAQ that, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

(f)

The TPRC PAQ indicates that this is not applicable for the agency to request that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards. However; the N/A applies if the agency/facility is responsible for administrative and criminal investigations. TPRC refers allegations to local police for conduct of criminal investigations.

(g) Auditor does not audit this standard

(h) The facility indicated in the PAQ that they would use their staff with the Master's Degree in Social Work to serve in this capacity.

During the corrective action period, the facility provided a copy of email contact with the Oakland County Sheriff's Office requesting compliance with standard 115.221 (a)-(e). In addition, the facility updated the policy and Coordinated Response documents to clarify first responders' roles.

Documentation was received of the updates and of staff participation in training conducted regarding the updated PREA Policy.

Conclusion

Based on the available evidence, this standard is found compliant with this standard.

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review</p> <ul style="list-style-type: none">1. TPRC PAQ2. TPRC PREA Policy <p>Interviews</p> <ul style="list-style-type: none">1. Random Staff2. Random Residents
	<p>(a) The TPRC PAQ states the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>(a) and (c) TPRC PREA Policy, part 2, section B Policies to Ensure Referrals of Allegations for Investigation states 1) All incidents of sexual abuse or sexual harassment will be investigated. Any incident involving potential criminal behavior will be immediately reported to local law enforcement for criminal investigation. The PREA Coordinator shall ensure any report of sexual abuse or sexual harassment determined to be a non-criminal matter by law enforcement will be investigated at the facility level.</p> <p>Random staff and residents interviewed consistently indicated the facility would investigate allegations.</p> <p>The facility reported there were no allegations made of sexual abuse or sexual harassment during the audit period, or the year before or during the time since the PAQ was released.</p> <p>(b) Review of the website demonstrated the policy had not been published on the website. During the post-audit period, the agency PREA policy was updated and published on the agency website.</p> <p>(d) Auditor is not required to audit this standard.</p> <p>Conclusion</p>

Based on the available information, the facility is found compliant with this standard.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review</p> <ol style="list-style-type: none"> 1. TPRC PAQ 2. TPRC PREA Policy 3. TPRC PREA Training Handbook 4. MI TRAIN online PREA Training Module 5. Training Transcripts with quiz scores 6. Signed Receipts and Understanding for PREA Policy 7. Contract Attachment <p>Onsite observations</p>

To demonstrate the training curriculum, the PREA Coordinator logged on to the MI TRAIN (online) PREA training module that is required by the Michigan Department of Corrections as a contracting agency to be completed by all staff at the facility with resident contact. It is a comprehensive training that incorporates the Moss Group PREA training as well as information related to contracting agency requirements. It contains all the required elements with a quiz providing a score to demonstrate receipt and understanding of the material covered. In addition, the auditor received MI TRAIN transcripts for facility staff as well as copies of signatures and receipt of understanding following review of the facility's PREA Policy. During interviews with random staff, all indicated they had received training and were able to speak to the elements discussed.

Interviews

1. Random Staff
2. PREA Coordinator

(a) The PAQ indicates staff receive training in all the required areas:

- The agency's zero-tolerance policy for sexual abuse and sexual harassment.
 - How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Residents' right to be free from sexual abuse and sexual harassment.
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- The dynamics of sexual abuse and sexual harassment in confinement.
- The common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.

- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The elements were also listed in the PREA Policy, page 4, section 3 A Employee training, with the exception of how to detect and respond to signs of threatened and actual sexual abuse. It was added during corrective action to the PREA Policy per auditor recommendation. It should be noted that these elements are included in both the Turning Point Recover *Employee Training Handbook*, and the comprehensive MI TRAIN curriculum. The Contract with the MDOC, Attachment A. Probation Residential Services (PRS) Standards for RFI Comment, page 3, Section 2 Personnel Requirements, item F informs

contractors that "In accordance with MDOC instruction, participate in MDOC provided training for all Contractor staff. Staff shall complete training before receiving an independent work assignment. Exceptions may be made for transfers or employees, with prior work experience at similar positions."

(b) The facility responded on the PAQ that such training is not tailored to the gender of the residents at

the employee's facility and that employees do not receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The agency and this facility house both male and female residents. If a person from the administration building transfers, they are transferring from a facility that houses both genders. Therefore, this element does not apply to this facility.

(c) The facility responded on the PAQ that the agency doesn't 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 and did not provide a frequency with which staff would receive training. However, the PREA Policy, page 4, section A, states that staff will be provided the above PREA training at employee orientation and annually thereafter. This was also confirmed during an interview with the PREA Coordinator. Transcripts provided during the audit demonstrate that PREA training has been available and completed by staff. Post-audit, the facility provided documentation that all staff had been provided with training related to the updated policy.

(d) The TPRC PAQ indicated that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. The facility's PREA Policy, page 4, Section A, Item 2 states that staff shall sign a training document acknowledging that they understand the training.

The auditor requested documentation for those current staff for whom transcripts were not yet received. Staff indicated they have received the training and were able to discuss the elements and while most transcripts were received, there were some for staff employed at the administration location who intermittently worked in the facility, so those transcripts were also requested, since they have contact with the residents. During the post-audit period, transcripts were provided for all staff, including the agency administrators and maintenance staff who worked in both locations of the agency.

Conclusion

Based on the above information, the facility is found compliant with the standard.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review</p> <ol style="list-style-type: none"> 1. TPRC PAQ 2. TPRC PREA Policy <p>Interviews</p> <ol style="list-style-type: none"> 1. Facility Director 2. PREA Coordinator <p>Observations</p> <p>No volunteers or contractors were noted during the onsite review. It was reported by the PREA Coordinator and Facility Director that there have been no contractors or volunteers at this facility during the audit period. Reasons reported included COVID and with concerns with contraband; they have to be very careful about allowing members of the public into the facility.</p> <p>(a) The TPRC PAQ responses indicated that they do not use contractors or volunteers, but if they had any, all volunteers and contractors who have contact with residents would be trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. (b) that the training would be related to the services they provide and the amount of contact they have with residents.</p> <p>The PREA Policy, page 4, Section B Volunteer and Contractor Training, Items 1&2 require that volunteers and contractors who will be working unaccompanied by staff with residents will receive the same training as employees and will sign an acknowledgement that they received the PREA training and understand the PREA policy.</p> <p>This requires that all contractors and volunteers receive some training prior to contact, commensurate with the contact they will have, even if accompanied by staff at all times. Clinical or programming-type volunteers for a period of time would require the full training, while a vendor might only need the minimum stated above regarding the facility's zero tolerance for sexual abuse and sexual harassment and how to report any information related to such incidents. The agency updated policy language to require training in accordance with this provision.</p> <p>(b) The PAQ indicates 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>(c) The PAQ indicates that the facility would maintain documentation of volunteer and contractor training.</p>

	<p>Conclusion</p> <p>Based on the available evidence, the facility is found compliant with the standard.</p>
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115.233 Resident education	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review</p> <ol style="list-style-type: none"> 1. TPRC PAQ 2. TPRC PREA Policy 3. TPRC Sexual Abuse, Assault and Sexual Harassment PREA Resident Handbook. <p>Interviews</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Residents <p>Observations</p> <p>During an interview with intake staff, it was demonstrated that each resident receives a packet of information about the center. The packet includes a folder that contains PREA information in one pocket. Residents sign for receipt of the zero tolerance policy and how to report sexual abuse document.</p> <p>(a) The Turning Point Recovery Center PAQ states residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The number of residents admitted in the past 12 months who were given this information at intake was left blank.</p> <p>The TPRC PREA Policy, page 4, section 3C, Resident Education, requires that 1) During intake orientation, all residents will receive a resident handbook, and a facility handout containing information about PREA. All residents shall sign an acknowledgment that they have received the handbook and the PREA handout which contain the following information: The facility’s zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse, sexual harassment; their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation for reporting such incidents; and agency policy and procedures for responding to such incidents.</p> <p>(b) The Turning Point Recovery Center PAQ states that the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of those Residents transferred from another community confinement facility during the past 12 months was left blank.</p>

(c) The Turning Point Recovery Center PAQ states the agency provides resident education in formats accessible to all residents, including those who are limited English proficient, but states Resident PREA education is not available in accessible formats for all Residents including those who are deaf, visually impaired, otherwise disabled or have limited reading skills. They do indicate they have access to an interpreter service and would obtain the materials as necessary for those individuals. It was also noted that the facility employs bilingual staff and that there are functional requirements for participation in the program. They need to be able to navigate the building and communicate sufficiently to meaningfully benefit from the programming. It was reported referring agents are aware of programming requirements to make appropriate referrals.

(e) The Turning Point Recovery Center PAQ states the facility maintains documentation of Resident participation in PREA education sessions.

It was confirmed during interviews with residents that they signed for the PREA information included in the packet. Intake staff indicated these forms were maintained in the resident files. During the corrective action period, the facility provided documentation of receipt of the PREA information.

(e) The Turning Point Recovery Center PAQ states the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, Resident handbooks, or other written formats. It was observed that this was accomplished by providing the TPRC Sexual Abuse, Assault and Sexual Harassment PREA Resident Handbook. Post-audit, the facility developed a poster containing PREA information to be maintained in a visible, central location, main information bulletin board in the main hallway of the facility, between the dining area and the group room.

Based on the above evidence, the facility is found compliant with this standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review
	<ol style="list-style-type: none"> 1. TPRC PAQ

2. TPRC PREA Policy
3. PRC PREA Investigator Training Summary and Signature page

Interviews

1. Investigative Staff

Observation

It was reported on site that investigative staff have not received required training regarding conducting a sexual abuse investigation in confinement. Due to the fact that sexual abuse investigations would be immediately referred to law enforcement, it did not appear to the facility that their investigator would be required to complete the training. However, standards indicate that if the agency investigating an incident of sexual abuse finds it not to be criminal, it will be referred back to the facility, so a facility investigator would need to conduct that administrative sexual abuse investigation.

At the time of the interim report, the agency was in process of securing required training for investigator(s) to be prepared for any instance of sexual abuse that occurs at the facility.

Subsequent to the onsite audit, facility administrators completed an investigator training module found on the PREA Resource Center website. A summary of the training with signatures of completion were provided to the auditor.

Based on the available evidence, the facility is found compliant with the standard.

115.235 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

This facility does not employ or contract with any mental health or health care staff for services at the facility. All such services are provided by outside agencies at external locations. The provisions of this standard do not apply to this facility.

Based on the available evidence, the facility is found compliant with this standard.

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review

1. TPRC PAQ
2. TPRC PREA Policy
3. TPRC Screening of Risk Assessment of Victimization form, updated 2/2023.

Interviews:

1. PREA Coordinator
2. Random Resident Interviews
3. Staff Who Conduct Intake Assessments

Observations

Residents at Turning Point Recovery Center are individuals who are required by a court or the Michigan Department of Corrections to attend substance use disorder programming. The programs are either 45 or 90 days in duration. The PAQ indicates the average stay for a resident is 45 days. Staff indicated that the program does not accept individuals with sex offenses or violent offenses.

Residents report to the agency's administration building where they are inprocessed and sign forms and other documentation, receive their welcome packet folder with the *Sexual Abuse, Assault and Sexual Harassment PREA Resident Handbook* in one pocket, and the Welcome Packet including information about the center, rights and responsibilities of residents, dress code, and information for outside resources available to residents. This meeting is completed within approximately 1 hour, then residents are transported to the facility, which is several blocks away. Upon the resident's entry into the TPRC, counselors complete the indepth intake process, including expectations for the program, reviewing several assessments, including a biopsychosocial assessment, trauma life experience survey, and the PREA risk assessment.

(a) TPRC PAQ indicates the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

TPRC's PREA Policy, page 5, section 3F Screening for Risk of Victimization and Abusiveness, requires that 1) All residents shall be assessed upon admission to the TPRC program. Intake screening shall be conducted immediately upon arrival but no later than 72 hours after arrival.

(b) TPRC PAQ indicates the policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The PAQ indicates that 250 residents were assessed within 72 hours of arrival during the last 12 months.

Residents indicated during interviews this was done when they first got to the facility. Staff described that it is usually done the day a resident arrives, depending on the time they arrive. If not the first day, would be the next business day.

(c) TPRC PAQ affirms the risk assessment is conducted using an objective screening instrument. A copy of the intake assessment form was reviewed. Sample assessment forms were requested for review by the auditor for those residents interviewed and some arrivals subsequent to the onsite portion of the audit to demonstrate compliance with this standard.

(d) Review of the intake screening document confirms the following minimum criteria:

- Whether the resident has a mental, physical, or developmental disability.
- The age of the resident
- The physical build of the resident
- Whether the resident has previously been incarcerated
- Whether the resident's criminal history is exclusively nonviolent (this is a screening criterion to not being admitted to the facility).
- Whether the resident has prior convictions for sex offenses against an adult or child (this is a screening criterion to not be admitted to facility).
- 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)
- Whether the resident has previously experienced sexual victimization
- The resident's own perception of vulnerability

(a) (b) The TPRC PREA Policy, page 5, section 3F, requires that 1) All residents shall be assessed upon admission to the TPRC program. Intake screening shall be conducted immediately upon arrival but no later than 72 hours after arrival.

2) Resident screening shall be completed utilizing the PREA intake screening assessment and shall at a minimum consider:

- a. The resident's age, physical build;
- b. Any physical, mental, or development disabilities;
- c. If the resident has been previously incarcerated, or whether the resident has previously experienced sexual victimization;
- d. The residents own perception of vulnerability;
- e. If the resident is perceived as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- f. Any prior convictions for sex offenses against an adult or child

3) Residents will not be disciplined for refusing to answer or discuss information requested by the intake form.

(f) TRPC PAQ indicates the policy does not require that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PREA Policy does not address this. Only one resident indicated the questions were asked again, and that person called it a mid-term assessment.

The PAQ reported that zero residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

(g): The PAQ indicated that a resident's risk level is not reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The facility PREA policy does not require a reassessment subsequent to the intake assessment.

(h) The TPRC PAQ states residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

The facility PREA Policy, page 5, section 3 F Screening for Risk of Victimization and Abusiveness, item 3, indicates residents will not be disciplined for refusing to answer or discuss information requested by the intake form.

During interviews, residents indicated they understood they would not be punished for refusing to answer any of the questions asked when they arrived.

(j): The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Staff at all levels indicated that confidentiality was very important in this process. This is stressed for the staff and for residents in their respective handbooks.

Resident files are kept in the staff office in locked drawers which was demonstrated to the auditor on site. Computer access is managed through usercodes and passwords.

While the policy identifies potential risk factors for both victimization and predation, it appears the risk screening instrument is targeted toward identifying likely victims but does not address assessing potential sexual aggressors. It should be noted that while the facility does not accept sex offenders into the program, even a person who has not perpetrated previously or even one who has been victimized

can become a perpetrator if the situation arises. And that might be better detected when staff have had an opportunity to observe residents' interactions and conduct a reassessment. The PREA policy mentions some risk factors for perpetration, but the form does not include these. During the post-audit period, it was indicated by the auditor that either the form should be updated to include assessment risk factors for abusiveness, or a separate form be completed which contains those factors. The auditor

received documentation that both had been updated to include the potential perpetrator risk factors.

During the post audit period, the facility added questions to assess potential predation to their risk screening process and directions on using the new form were provided to all staff who conduct the screenings. The risk assessment process and policy were updated to be compliant with the standard. Follow-up risk screenings were added to the screening process for all who remain in the program for 30 days or more.

The facility seems to be doing a very good job structuring the activities of the residents, and with monitoring of the individuals housed there. It is reported there have been no sexual abuse or sexual harassment incidents during the audit period. Therapists and technicians work very closely with residents throughout this traumainformed substance abuse programming. They are continuously assessing the behavior and attitudes of residents and appear to be observant and very receptive to the needs of residents and their protection. Additionally, the facility added language to the risk assessment to include asking if the resident's history is exclusively nonviolent, added questions whether a resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender-nonconforming, and added questions related to determining risk for sexual abusiveness, in order to keep those at risk of victimization apart from those at risk of sexual abusiveness.

Conclusion

Based on the available evidence, the facility is found compliant with this standard.

115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Document Review</p> <ol style="list-style-type: none"> 1. TPRC PAQ 2. TPRC PREA Policy <p>Interviews</p>
	<ol style="list-style-type: none"> 1. PREA Coordinator
	<ol style="list-style-type: none"> 2. Staff Responsible for Risk Screening <p>Observation</p> <p>All residents at TPRC are provided the opportunity to shower separately. There are no group bathrooms, all are single person bathrooms with 1 shower, 1 toilet and 1 sink. All have shower curtains and a bathroom door to allow for privacy when using the bathroom or showering.</p> <p>(a) TPRC PAQ reports the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>(b) TPRC PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident.</p> <p>(c) TPRC PAQ indicates the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. The PREA Policy, page 5, section 3G Use of Screening Information, item 1) states the facility "shall make individual determinations on a case by case basis about how to ensure the safety of all residents and shall utilize the screening information to determine housing, work, education, and programming assignments."</p> <p>(d)(e)(f) The PREA Policy, page 5, section 3G Use of Screening Information, item 2) indicates "transgender and intersex residents' own views with respect to his or her safety shall be given serious consideration in housing assignments. Transgender and intersex residents shall be given the opportunity to shower separately from other residents, and shall not be placed in a dedicated unit solely based on their identification status." During interviews, the PREA Coordinator reiterated there are no dedicated units for those in the LGBTQ community, and a resident who identified as a member of the LGBTQ community also indicated they had never been in a unit designated for such individuals.</p> <p>While the auditor believed the facility was compliant with most of the requirements of this standard at the time of the interim report, it was determined that full compliance cannot be accomplished until the risk assessment process also attempts to include an effort to include factors for risk of abusiveness in its risk assessment process. Full compliance with this standard is dependent on compliance with 115.241.</p>

Subsequently, the auditor received documentation to demonstrate compliance with 115.241.

Based on the available evidence, the facility is found compliant with this standard.

115.251 Resident reporting	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review
	<ol style="list-style-type: none">1. TPRC PAQ2. TPRC PREA Policy3. TPRC Sexual Abuse, Assault and Sexual Harassment PREA Resident Handbook
	Interviews
	<ol style="list-style-type: none">1. Random Staff2. Random Residents
	Observations
	<p>It was recommended on-site that the facility create a poster to provide reporting options, including available hotlines.</p> <p>(a) The PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. The PREA Policy, page 6, section 4A Resident Reporting, item 1) At intake all residents will be advised of all reporting options available to report sexual abuse, sexual harassment, retaliation, staff neglect, or other violations that may have contributed to an incident through the Resident Handbook issued upon arrival.</p> <p>(b) The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Included in the PREA Resident Handbook is a number to call the sexual abuse hotline at the MDOC to report sexual abuse or sexual harassment for the outside reporting agency. During interviews none of the residents indicated they were aware of this number. They did indicate that there were "lots of resources" for them to contact that are in the intake packet and on the bulletin board.</p> <p>(c) The PAQ indicates the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The PREA Policy, page 6, section 4A, Resident Reporting, item 3 indicates "any staff member must accept and promptly document any report made verbally, in writing, anonymously and from a third party, and indicates the information is provided to residents.</p>

The PAQ indicates staff are required to document verbal reports. While a timeframe

	<p>was not provided within the PAQ, staff consistently indicated they were absolutely required to document, and would do it right away or immediately. Residents and staff alike confirmed these options were available consistently.</p> <p>(d) On the PAQ the facility did not provide a response that answered the question whether the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents, and how staff were informed of these methods. However, the PREA Policy, page 6, section 4B Staff Reporting states "1) Staff members shall be provided a method to privately report sexual abuse or sexual harassment of residents. Methods of reporting shall include in-person, phone, mail, email, fax or any means by which the staff person feels comfortably in reporting to supervisory level staff, the PREA Coordinator." Therefore, staff are informed in the policy. During interviews, staff listed many ways, including in person to a supervisor or other person of their choice, use staff mailboxes, could do an anonymous suggestion in the suggestion box, could go to an outside entity.</p> <p>As discussed onsite, the auditor recommended a poster be placed in a visible location(s) providing the numbers and explaining the sexual abuse hotlines available. The facility created an up-to-date poster, and posted it on the main bulletin board for all residents to easily access information. Photographic evidence of the posting was provided.</p> <p>Conclusion</p> <p>Based on the available evidence, the facility is found compliant with this standard.</p>
115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Document Review TPRC PAQ TPRC Grievance Procedure</p> <p>Interviews Random Residents Targetted Residents PREA Compliance Manager</p> <p>Observations</p> <p>The facility reports that there have been no sexual abuse complaints filed in the last 12 months, or the year before that, or since the PAQ was submitted through any reporting system at the facility, including the grievance process. Review of the attached Prison Rape Grievance Process document included with the PAQ confirms</p>

that the process is compliant with this standard. The facility PREA policy, Section 4 Reporting, section 1) indicates that "PREA-related issues are subject to the grievance procedure."

(a) The facility indicated on the PAQ that it does have an administrative procedure for dealing with resident grievances regarding sexual abuse. Also included within the PAQ was a document entitled *Prison Rape Grievance Process*.

(b)-(c) The PAQ reports that the agency permits residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits. It also indicates the agency does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. This also reflected in the *Prison Rape Grievance Process*.

(d) The *Prison Rape Grievance Process* states that the facility "will ensure a written response is provided to the Grievant within 60 calendar days of receipt of the Step I PREA grievance unless an extension has been approved."

The PAQ states that, 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)), it notifies the resident in writing of any such extension and provide a date by which a decision will be made. It also states that if, at any level of the administrative process, including the final level, the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

(e) The *Prison Rape Grievance Process* indicates, "Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on the resident's behalf. A third party may also assist the resident in filing a PREA grievance in accordance with policy. If a third party files a PREA grievance on a resident's behalf, the resident must sign the PREA grievance in the area provided indicating they authorize the grievance to be filed on their behalf for the grievance to be processed."

(f) Related to response to an emergency PREA grievance, the *Prison Rape Grievance Process* states, "The organization will take immediate action to remove the resident from any identified real or potential harm and ensure an initial response is provided to the resident within 48 hours. A final agency decision from the PREA Administrator regarding whether the resident is in substantial risk of imminent sexual abuse will be provided to the resident within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the resident was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance."

Conclusion

Based on the available information, the facility is found compliant with this standard.

115.253	Resident access to outside confidential support services
	<p data-bbox="280 192 986 226">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 271 571 304">Auditor Discussion</p> <hr/> <p data-bbox="280 349 544 383">Document Review</p> <p data-bbox="280 416 533 450">TPRC PREA Policy</p> <p data-bbox="280 483 683 517">Intake Packets for Residents</p> <p data-bbox="280 551 592 584">Facility Bulletin Board</p> <p data-bbox="280 707 427 741">Interviews</p> <p data-bbox="280 775 507 808">Facility Director</p> <p data-bbox="280 842 539 875">Random residents</p> <p data-bbox="280 909 975 943">Residents who Disclosed Sexual Abuse at Intake</p> <p data-bbox="280 1066 456 1099">Observation</p> <p data-bbox="280 1133 1453 1245">The PAQ did not provide useful information for this standard. The one response contradicted what the auditor observed through interviews of staff and residents, and what is documented in policy and other facility documentation.</p> <p data-bbox="280 1290 1501 1648">(a)(b) The facility provides 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. The PREA Policy, page 6, section C Resident Access to Outside Confidential Support Services, item D indicates, "1) Residents are provided contact information to outside victim advocates and support services when requested. Any resident may call the National Sexual Assault Hotline toll-free number at any time. 2) Resident phone calls are not monitored or recorded. All calls are confidential."</p> <p data-bbox="280 1693 1485 1895">Interviewed residents stated that it was possible to make calls to such outside services on an office phone, with permission, with varying levels of confidentiality depending on the call. Some said while the calls are not monitored, someone could be within earshot, and some felt a staff member would step out if the call was private.</p> <p data-bbox="280 1939 1437 2007">A National Sexual Abuse Hotline number is provided in the <i>Sexual Abuse, Assault and Sexual Harassment PREA Resident Handbook</i></p> <p data-bbox="280 2051 1417 2085">Interviews with random residents and residents who disclosed sexual abuse at</p>

Intake demonstrated that the facility does allow for residents needing emotional support and ongoing support services to be provided those services by an outside entity. Review of the resident handbook and interviews with residents demonstrated there are many outside resources available to residents of this facility.

Agency staff indicated that telephone calls are not monitored or recorded.

(c) 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 and the agency maintain copies of agreements or documentation showing attempts to enter into such agreements.

The facility indicated that it does not maintain agreements with outside support services; however, they are part of a network of organizations, Oakland Community Health Network (OCHN). Common Ground and Easter Seals are two that provide services as part of that network. It was noted during an internet search that Common Ground is also part of the Oakland County Sexual Assault Response Team.

Following the onsite audit, the agency developed and posted a poster with reporting information that provided clarification regarding available sexual abuse hotlines.

Conclusion

Based on the available evidence, the facility is found compliant with the standard.

115.254 Third party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility has indicated on the PAQ that they have not established a method to receive third-party reports of sexual abuse and sexual harassment. and that it has not distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

PREA Policy, page 6, section E Third Party Reporting, states 1) Any third party reports of sexual abuse may be made via telephone, fax, email, or in person. The facility email address, telephone and facsimile numbers are available publicly on TPRCs website.

During interviews, random staff and residents interviewed expressed that they were confident that third party complaints (internal and from the outside) would be accepted and investigated. The facility's Prison Rape Grievance Process and the policy indicate third party reporting is permitted.

	<p>The facility does provide its phone number and email address on the website. Following the onsite review, the facility provided on their website a link to contact the agency PREA Coordinator via email.</p> <p>Conclusion</p> <p>Based on the above evidence, the facility is found compliant with this standard.</p>
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115.261 Staff and agency reporting duties	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review</p> <ol style="list-style-type: none"> 1. TPRC PAQ 2. TPRC PREA Policy <p>Interviews</p> <ol style="list-style-type: none"> 1. Facility Director 2. Random Staff <p>(a) The TPRC PAQ reports the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; to report immediately and according to agency policy retaliation against residents or staff who reported such an incident, and to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>The TPRC PREA Policy, page7, section 5A, Staff and Agency Reporting Duties, requires 1) All staffs are required to report any instance of alleged or actual sexual abuse or sexual harassment, retaliation, or staff neglect to their Program Director, next level supervisor or the PREA Coordinator immediately. Staff members shall not reveal any information related to the report to anyone other than the extent necessary.</p> <p>The TPRC Personnel Policies and Procedures Manual, page 26, Whistleblowers, requires that "employees who observe another employee breaching Turning Point Recovery Centers Ethical Code of Conduct is obliged to report the incident to their Supervisor. No action will be taken against the employee reporting the incident unless the reporting is made maliciously or without reasonable grounds." and that "Malicious or vexatious reports may result in disciplinary actions up to and including termination of employment."</p>

It also requires on page 7, Sexual Abuse, that any person who becomes aware of or suspects sexual abuse or sexual harassment must report it immediately to the Program Director.

During interviews with facility staff, it was confirmed by all that they would be required to report and document any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) The TPRC PAQ indicates that, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The TPRC PREA Policy, page 6, section 5A, indicates staff members shall not reveal any information related to the report to anyone other than the extent necessary.

The TPRC Personnel Policies and Procedures Manual, page 25, Client Confidentiality, indicates that no employee shall have unauthorized possession of confidential records; nor shall any employee disclose information contained in confidential records to unauthorized persons. This includes discussions with other staff regarding confidential client information in areas where other staff, clients, visitors or others may hear.

During interviews, staff members stated that they wouldn't share with other residents, and would not share specific details if they needed to inform other shifts that an incident had occurred. Staff were very aware of protecting residents' privacy, especially due to the nature of their work.

(c) This facility does not include anyone under 18 in this program.

(d) This facility does not employ any health care or mental health care staff.

(e) The TPRC PREA Policy, page 6, section 4E Third Party Reporting, indicates 1) Any third party reports of sexual abuse may be made via telephone, fax, email, or in person. The facility email address, telephone and facsimile numbers are available publicly on TPRCs website. It also states on page 8, section 6A Criminal and Administrative Agency Investigations, 1) The PREA Coordinator or designee shall investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party.

During interviews, staff consistently reported that they would report all allegations of sexual abuse and sexual harassment, including third-party and anonymous

reports.

Conclusion

Based on the available evidence, the facility is found compliant with this standard.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review</p> <ol style="list-style-type: none"> 1. TPRC PAQ 2. TPRC PREA Policy <p>Interviews</p> <ol style="list-style-type: none"> 1. Agency Head 2. Director or Designee 3. Random Sample of Staff <p>Observation</p> <p>The facility reports that they have had zero instances of information that a resident was at substantial risk of imminent sexual abuse during the audit period.</p> <p>(a) The TPRC PAQ indicates when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. A facility administrator indicated that a very large part of their program involves communication, including mediating instances of conflict. As an example of that process, they related a situation of tension with some residents, and the staff were able to help the main contributors discuss and resolve the situation.</p> <p>During interviews, staff indicated they would immediately report to supervisor, also indicated they would separate and monitor and take precautions to keep resident safe.</p> <p>A facility administrator indicated that they can isolate (require no contact or verbal interaction with certain persons), separate individuals, monitor their movement more closely through staff observation and cameras, and remove them from the program, if warranted, through their probation agent. They also indicated a very large part of their program involves communication, including mediating instances of conflict. As an example of that process, they related a situation of tension between some residents, and the staff were able to help the main contributors</p>
	<p>discuss and resolve the situation.</p> <p>Conclusion</p>
	Based on the available evidence, the facility is found compliant with this standard.

115.263 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review

1. TPRC PAQ
2. TPRC PREA Policy

Interviews

1. Agency head

Observations

Staff indicated on the PAQ and in person that there have been no instances where a resident has reported they were sexually abused or harassed at another institution. Therefore, no notices have been made to other facilities and there are no notices available for review.

(a) The TPRC PAQ indicates the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

(b) The TPRC PAQ states the agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

(c) The TPRC PAQ indicates the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

(a)-(c) The TPRC PREA Policy, page 7, section 5C, Reporting to Other Confinement Facilities, requires that 1) Upon receiving information or allegation that a resident was sexually abused while confined at another facility, the Program Director shall notify the MDOC Parole, and the facility head of the facility from which the inmate arrived and, if a Community Confinement facility, the head of that facility will be

notified immediately (but no later than 72 hours after receiving the allegation) and an incident report completed documenting such notification.

(d) The TPRC PAQ affirms that the policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.

The TPRC PREA Policy, page 8, section 6A, Criminal and Administrative Agency Investigations, indicates 1) The PREA Coordinator or designee shall investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party.

During an interview, the Agency Head confirmed there have been no such instances and affirmed the facility would send such notices to their contracting agency, the MDOC which has the resources to identify facilities and facility heads, no later than 72 hours of receipt.

Conclusion

Based on the available evidence, the facility is found compliant with this standard.

115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Document Review</p> <ol style="list-style-type: none"> 1. TPRC PAQ 2. TPRC PREA Policy 3. TPRC Sexual Abuse Coordinated Team Response Plan <p>TPRC Employee PREA Handbook</p> <ol style="list-style-type: none"> 1. Interviews 2. Random Staff <p>Observation</p> <p>The facility reports there have been no reports of sexual abuse or sexual harassment during the timeframe surrounding the audit period. Therefore, there have been no applications of the sexual abuse incident first responder actions. It should be noted that there are no health care or mental health care staff at this facility, and that all staff would be considered security staff.</p> <p>(a) The TPRC PAQ indicates that the agency does have a policy addressing first responder requirements. This information is included in the TPRC PREA Policy as</p>
	<p>indicated below.</p> <p>a) The TPRC PAQ also indicates that the facility does the following:</p> <p>Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>TPRC PREA Policy, page 7, section 6D Staff First Responders, indicates that 1) Upon learning of an allegation that an resident was sexually abused, the first responding staff member shall separate the</p>

alleged victim and abuser ensuring that neither showers, bathes, eats, drinks, uses the toilet, or changes clothes if the abuse occurred within a time period that still allows for the collection of physical evidence.

TPRC PREA Policy, page 3, section 2A, Evidence Protocol and Medical Examinations, indicates that 1) Upon notification of any incident of sexual abuse or sexual assault, staff shall secure the scene of the incident, and at a minimum not allow the alleged victim or alleged abuser to shower, toilet, eat, drink or change clothes.

2) The staff member will also secure the crime scene to preserve any physical evidence available and make appropriate notifications.

Both the TPRC Sexual Abuse Coordinated Team Response plan and the PREA Employee PREA Handbook, Procedures, section 1. First Responders, and 2. Staff Responsibilities (respectively) instruct that:

Any staff member who receives an allegation from a resident that a resident has been sexually abused must immediately:

- a. Separate the alleged victim and abuser.
- b. Notify the site supervisor.
- c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence to include perpetrator's room and clothing.
- d. Request that the alleged victim and perpetrator not take any actions that could destroy physical evidence including washing, brushing teeth, changing cloths, drinking or eating.
- e. Complete incident report.

It should be noted that none of these facility documents accurately require what the standard requires, specifically related to preserving physical evidence on the persons of the victim and the perpetrator. They do not describe the difference between the two.

This inaccuracy was evident by the variations in actions as described above being included in the responses during the interviews with random staff. It was also evident this scenario is being described without having the experience of having dealt with this type of incident previously.

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

All staff are considered security staff at this facility, therefore, this provision is considered not applicable for this facility.

During the corrective action period, the facility revised policy to reflect standard language, and updated the coordinated response plan to clarify roles and to be consistent with policy. Additionally, staff received training on the updates to the PREA policy, and provided signatures that they had received the training.

Recommendation

Once policy and procedure documents are consistent, provide a brief reminder document for staff "quick reference" specifically related to first responder duties. Many facilities use these, especially when their

staff responses to such incidents are few and far between. They are very helpful to ensure a consistent response among staff.

Conclusion

Based on the available evidence, the facility is found compliant with this standard.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:
	<ol style="list-style-type: none"> 1. TPRC PAQ 2. TPRC Sexual Abuse Coordinated Team Response 3. TPRC PREA Policy <p>Interviews:</p> <p>Facility Director</p> <p>PREA Coordinator</p> <p>Observations:</p> <p>During review of documentation, it was discovered that the TPRC PREA Policy and coordinated response plan were inconsistent with each other in some details.</p> <p>(a) The TPRC PAQ indicates the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership and included a copy of the plan within the PAQ.</p> <p>TPRC PREA Policy, page 8, section E Coordinated response, indicates "1) Coordinated response plans are available for each TPRC Residential Work Release / Reentry Center. See program's response plan. This is located in a book in a central location available to all facility staff for review.</p> <p>Recommendation</p> <ol style="list-style-type: none"> 1. Language be updated to reflect PREA language related to first responders' duty to "<i>ensure</i> the alleged <i>perpetrator</i>" does not do anything to damage physical evidence and to "<i>request</i> that alleged <i>victims</i>" do not, as indicated in standard 115.264, First Responder Duties. The facility subsequently updated PREA policy language to reflect the standard language. 2. Recommend contacting the Oakland County SART (Sexual Assault Response Team). Two agencies the (Oakland County Sheriff's Office and Common Ground are two of the partners in that team) and get specific information from them regarding hospitals with SAFE/SANE staff, victim advocacy, and

best practices for your staff to take in the event of an incident of sexual abuse. There might be elements that could then be included to enhance the coordinated response plan.

3. Recommend that the facility include who would contact law enforcement and notify hospital/victim advocates if hospital doesn't provide them. This information was provided on the updated coordinated response plan.

Conclusion

Based on the above evidence, the facility is found compliant with this standard.

115.266	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="368 674 895 701">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 748 485 775">Auditor Discussion</p> <p data-bbox="280 824 488 851">Document Review</p> <ol data-bbox="341 927 935 1039" style="list-style-type: none">1. TPRC PAQ2. TPRC PREA Policy3. TPRC Personnel Policies and Procedures Manual <p data-bbox="280 1086 389 1113">Interview</p> <ol data-bbox="341 1189 539 1261" style="list-style-type: none">1. Agency Head2. Observation <p data-bbox="280 1308 1449 1711">The TPRC PAQ indicates that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. This was clarified during an interview with the Agency Head, explaining that the staff are not union employees. A review of the TPRC Personnel and Policies Manual explains that the employees are "at will" employees. The PREA Policy, page 8, section F Preservation of Ability to Protect Residents from Contact with Abusers, requires that "1) TPRC shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."</p> <p data-bbox="280 1758 405 1785">Conclusion</p> <p data-bbox="280 1832 1214 1859">Based on the available evidence, the facility is found compliant with this standard.</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 192 983 226">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 271 571 304">Auditor Discussion</p> <p data-bbox="280 349 539 383">Document Review</p> <ol data-bbox="344 450 639 517" style="list-style-type: none"> <li data-bbox="344 450 528 483">1. TPRC PAQ <li data-bbox="344 495 639 517">2. TPRC PREA Policy
	<p data-bbox="280 584 400 618">Interviews</p> <ol data-bbox="344 685 624 797" style="list-style-type: none"> <li data-bbox="344 685 536 719">1. Agency Head <li data-bbox="344 730 624 763">2. Director or Designee <li data-bbox="344 775 592 797">3. PREA Coordinator <p data-bbox="280 842 416 875">Observation</p> <p data-bbox="280 909 1461 1066">The facility reports there have been no allegations of sexual abuse or sexual harassment at the facility during a timeframe surrounding the audit period, and therefore, no sexual abuse or sexual harassment investigations initiated during these 45-90 day programs at the facility. Therefore, applicable interviews for</p> <p data-bbox="280 1088 1469 1200">Residents Who Reported Sexual Abuse, and Staff Responsible for Retaliation Monitoring were not available for interview. Additionally, no instances of monitoring for retaliation were indicated. However, the retaliation monitoring requirements are spelled out in the facility PREA policy.</p> <p data-bbox="280 1234 1461 1480">(a) The TPRC PAQ indicates the agency has 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. It also indicates the facility does not designate staff member(s) or charges department(s) with monitoring for possible retaliation. However, the TPRC PREA Policy does identify the PREA Coordinator as the individual who would be responsible for retaliation monitoring. Policy language is provided below.</p> <p data-bbox="280 1514 1461 1671">The PREA Policy, page 8, section 5 G Agency Protection Against Retaliation, indicates "1) It is TPRC's policy that all residents or staff who report sexual abuse or sexual harassment, or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff.</p> <p data-bbox="280 1715 1477 1917">2) The PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. Monitoring shall be conducted for at least 90 days but shall be extended beyond 90 days if there is a continuing need. There is no mention of monitoring those who express fear for participating in a sexual abuse or sexual harassment investigation.</p> <p data-bbox="280 1962 1445 2029">3) The PREA Coordinator shall conduct periodic status checks and take any necessary protective measures to ensure resident and staff safety."</p>

During an interview, the PREA Coordinator indicated he would be responsible for completion of the monitoring, but that he would delegate the monitoring to the appropriate counselor for the person being monitored. He confirmed that a monitor would be assigned for each person needing to be monitored.

(b) The standard requires that the agency shall 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. The policy and

coordinated response plan are silent as far as items to consider when monitoring for retaliation. In order to provide for consistent monitoring of individuals by staff, it is important that guidelines be provided. It was recommended that this could be a checklist or a form to assist staff who are monitoring for retaliation. Sample forms exist on the PREA Resource Center Website, or may be available from the contracting agency.

(c) The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility acts promptly to remedy any such retaliation.

2) The PREA Coordinator shall monitor the conduct and treatment of any resident or staff member who reported the abuse to see if there are changes that may suggest possible retaliation. Monitoring shall be conducted for at least 90 days but shall be extended beyond 90 days if there is a continuing need.

(d) Provision (d) requires that, in the case of residents, such monitoring shall also include periodic status checks.

The PREA Policy, page 7, section 5G, Agency Protection Against Retaliation, indicates 3) The PREA Coordinator shall conduct periodic status checks and take any necessary protective measures to ensure resident and staff safety.

(e) This provision requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The PREA Policy, page 7&8, section 5G Agency Protection Against Retaliation, indicates 1) It is TPRC's policy that all residents or staff who report sexual abuse or sexual harassment, or cooperate with a sexual abuse or sexual harassment investigation will be protected from retaliation by other residents or staff.

(f) This provision states an agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. The PREA Policy, page 8, section 5G, Agency Protection Against Retaliation, directs that 4) If the original allegation is unfounded, the facility is no longer under obligation to monitor. Auditor is not required to audit this provision per auditor instructions.

During the corrective action period, the facility added language to the PREA Policy to the policy that monitoring will be conducted for those who express fear for participating in a sexual abuse or sexual harassment investigation.

The facility also developed a form for consistent documenting and monitoring of individuals for retaliation as applicable, and to provide guidance for the monitor.

Conclusion

Based on the available evidence, the facility is found compliant with this standard.

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115.271 Criminal and administrative agency investigations	
Auditor Overall Determination: Meets Standard	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none">1. Turning Point Recovery Center (TPRC) Preaudit Questionnaire (PAQ)2. Turning Point Recovery Center PREA Policy, updated March 20233. Guide for Internal Investigations, updated March 2023 <p>Interviews:</p> <ol style="list-style-type: none">1. Investigative Staff <p>Onsite Observations:</p> <p>It was reported on the PAQ and also reinforced during interviews that there had been no allegations of sexual abuse or sexual harassment of residents during the audit period. When asked if there had been any since the PAQ was submitted, the facility indicated there had not been. When asked if the facility had received any such complaints prior to the audit, the facility also indicated that they had not. In fact, an administrator indicated that he could not recall ever having a sexual abuse or sexual harassment complaint during his tenure of more than two decades with this substance abuse programming. The auditor additionally asked residents if they were aware of any incidents or rumors of sexual abuse or sexual harassment at the facility and they consistently said "no."</p> <p>(a) The TPRC PAQ indicates that the facility has a policy related to criminal and administrative agency investigations. This information is contained in their PREA policy, page 8, section 6 Investigations, also attached to the PAQ, as follows:</p> <p>6. INVESTIGATIONS</p> <p>A. CRIMINAL AND ADMINISTRATIVE AGENCY INVESTIGATIONS</p> <ol style="list-style-type: none">1) The PREA Coordinator or designee shall investigate promptly, thoroughly, and objectively all allegations of sexual abuse or sexual harassment including those from a third party.2) Any allegation determined to be criminal in nature shall be immediately reported to law enforcement for investigation. If law enforcement determines there is no criminal activity, the facility will conduct its own administrative investigation into the incident.3) An administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident.

4) A criminal investigation shall be conducted by law enforcement officials. Facility staff shall cooperate with and assist with any request made by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation.

Investigative staff indicated that investigation into allegations would be initiated immediately, within 24 hours. It was stated that they take all investigations of misconduct seriously and respond immediately to allegations. It was also indicated that anonymous or third part allegation would not be treated any differently as long as they could get information about an alleged victim or perpetrator.

(b) Investigative staff indicated that they have completed PREA training that all staff receive via MDOC in accordance with their contract; however, investigative staff have not received training specific to conducting sexual abuse investigations in confinement settings. It was also stated that the agency immediately refers any allegations that may be criminal to the county sheriff. Because facility staff could conduct an administrative sexual abuse investigation in the event law enforcement determines the incident to not be criminal, the facility was advised that investigative staff need to receive the specific training. Further discussion determined that they might be able to obtain this training through the MDOC. Subsequent to the audit, investigative staff completed the investigator training found on the PREA Resource Center website.

(c)-(g), (i)-(j) An entry for this standard is not requested of the facility on the PAQ. The facility PREA Policy did not address these standards at the time of the audit. Subsequent to the audit, the policy and investigative checklist were updated to include these elements.

(c) During an interview, the investigative staff member provided the auditor with a 3-page "Guide for Internal Investigations". This document is written in outline form and provides guidance to a TPRC investigator when documenting their investigative process and findings. Investigative staff indicated they would immediately secure the area, police would gather evidence, would immediately separate victim and aggressor, not have the person bathe or clean themselves, would interview individuals, check video and audio evidence, the victim would be taken to St. Joseph hospital for a forensic exam. The guide reminds the investigator to include review of previous incident reports and document that review in the investigation report.

(d): Investigative staff reiterated that they refer to law enforcement immediately upon receipt of an allegation or receive video or other information of possible abuse and that law enforcement would be responsible for consulting with prosecutors regarding criminal prosecution.

(e): Investigative staff indicated during an interview they would assess credibility of individuals based on the person. They take all allegations seriously and would respond to each person as if they were being truthful. They also affirmed they would not base credibility on whether the person was a resident or staff member, but on each one as a person. They also stated that the facility does not require a person to submit to a polygraph or other truth-telling device as a condition for continuing an investigation.

f): The updated PREA Policy, page 8, section 6 Investigations, paragraph A3 states, "an administrative investigation shall be documented listing all findings including a determination whether staff actions or failures to act contributed to the incident."

Paragraph A4 states, "The investigator shall make an effort to determine whether staff actions or failure to contributed to the abuse and that the written reports will include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

An element was added to the updated checklist to include credibility assessments and investigative facts and findings.

(g): An agency investigation guide was provided that requires all investigations conducted at the facility to be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The investigative checklist includes the requirement to list interviews, documents reviewed, and other physical evidence examined.

(h) Investigative staff indicated allegations that appear to be criminal would be referred immediately to law enforcement, and that law enforcement would refer for prosecution any substantiated allegations that appear to be criminal.

(i) The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The facility responded "NO" in the PAQ. Review of documents provided indicated that no documents speak to this requirement. During the corrective action period, this requirement was added to the facility PREA Policy (Page 9, Item 6 Investigations, Item A7).

(j) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Review of documents provided indicated that no documents speak to this requirement. During the corrective action period, this requirement was added to the facility PREA Policy (Page 9, section 6 Investigations, Item A6).

(k) Auditor not required to audit this provision.

During the corrective action period, the PREA policy was updated to include an addition to the policy regarding assessment of staff neglect and retaining investigation records. The Investigator Guide was updated regarding including an assessment of staff neglect or actions contributed to an incident. Both documents were provided to the auditor.

Based on the available evidence, the facility is found compliant with this standard.

115.272 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation

1. Turning Point Recovery Center PAQ
2. Turning Point Recovery Center PREA Policy

Interviews

1. Investigative Staff

The TPRC PAQ response indicates that the agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated. Included within the PAQ is the following excerpt from the TPRC PREA Policy, page

9, section 6B. Evidentiary Standard for Administrative Investigations: "The facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual assault are substantiated."

The investigative staff interviewed reiterated that the appropriate level of proof to substantiate an allegation of sexual abuse or sexual harassment for administrative investigations is a preponderance of evidence.

The facility reported that, during the audit period, there were no sexual abuse or sexual harassment investigations to review to assess how the facility applies this policy.

Conclusion

Based on the available evidence, the facility is found compliant with this standard.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Interviews 1. Facility Director 2. Investigator

(a) The PAQ indicates that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

The TPRC PREA Policy, page 8, section 6C, Reporting to Residents. indicates, "It is the policy of TPRC that residents shall be informed of the outcome of an investigation whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report.

The facility reports there have been zero allegations of sexual abuse in the last 12 months, and therefore, there have been zero notifications of investigation results.

(b) On the PAQ, the agency selected "N/A" for this standard, however, the facility does not conduct criminal investigations. Criminal investigations are referred to the county sheriff's office for investigation. In order to inform residents of the outcome of a criminal investigation, the agency would need to coordinate with the sheriff's office in order to inform the resident of the outcome. TPRC conducts only administrative investigation and refers allegations that may be criminal to the county sheriff's office. They report that there have been zero allegations of sexual abuse in the last 12 months,

and therefore, zero referrals to an outside agency for criminal investigation, and zero resulting notifications of results of investigation.

The agency PREA policy states, on page 8, section 6 Investigations, paragraph A5, that "facility staff shall cooperate with and assist with any request by law enforcement. The PREA Coordinator shall endeavor to remain informed about the progress of the investigation. The agency leadership also confirmed this requirement during an interview.

(c) On the PAQ, the agency indicated that, "Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility, and that there have been no allegations of sexual abuse at the facility during the audit period.

The PREA policy is vague about the specific elements of this provision and discusses them. It states "Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report."

(d) The PAQ response indicates that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency does not subsequently inform the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge

related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. However, the PREA Policy, Section 6 Investigations, paragraph C 1) states, "Furthermore, any action taken against a staff member or any knowledge about convictions or criminal charges against a resident abuser shall be reported to the resident victim. All victim notifications will be documented in an incident report."

(e) The PAQ states the agency has a policy that all notifications to residents described under this standard are documented. There were no samples of documentation of notices available. The facility indicated there were no allegations or reports of sexual abuse or sexual harassment received during the audit period. However, the facility requires in their PREA Policy that notifications be documented.

(f) This provision relates to the fact that an agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody. This is noted for information in this report, it is not a provision to be audited for compliance.

Recommendation

Create/use a form to consistently report to residents, as well as to document the notifications, for:

1. Outcomes of investigations.
2. Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility,

(a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

(b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

3. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

(a) the staff member is no longer posted within the resident's unit;

(b) the staff member is no longer employed at the facility;

(c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

(d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

	<p>Conclusion</p> <p>Based on the available evidence, the facility is found to be compliant with the standard.</p>
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115.276 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review

1. TPRC PAQ
2. TPRC PREA Policy, updated March 2023
3. TPRC Coordinated Response Plan

Interviews

1. Facility Director

Observations

The facility reported that there were no sexual abuse allegations at the facility during the last 12 months or 12 months previous to the audit period, and no allegations made after the PAQ was submitted;

therefore, there were no investigations to use to review as examples to support or refute the information provided.

(a) In the PAQ, the facility indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The PREA Policy, page 8, section A Sanctions on Staff indicates 2) Any staff member found to be in violation of sexual harassment shall be subject to disciplinary sanctions up to and including termination.

(b) The PAQ states that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PREA Policy, page 8, section A indicates "1) Any staff member found in violation of sexual assault will be terminated immediately." It is unclear from the language in the policy whether sexual abuse other than sexual assault would be included in this requirement.

(c) The facility reports in the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. The PREA Policy is silent to this standard. The Turning Point Recovery Center *Personnel Policies and Procedures Manual*, Ethical Code of Conduct section, item 4) g) Prohibition of Waste, Fraud, Abuse and Other Wrongdoing, lists "abuse or neglect of individuals receiving services" and "assault on a fellow employee or individual receiving services" and "engaging in any form of sexual harassment," as prohibited conduct and will subject the person involved to disciplinary action up to and including termination/removal from position as determined by the Executive Director or designate. During the post-audit period, the facility added a requirement to the policy that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

(d) The TPRC PAQ indicates that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. PREA Policy, page 8, section A Sanctions on Staff, item 3, indicates "Any staff member found to be guilty of sexual assault will be reported to law enforcement regardless if the staff member resigns." It is unclear from the language in the policy whether sexual abuse other than sexual assault would be included in this requirement. During the corrective action period, the agency updated the policy to include that the staff member's conduct would be reported to relevant licensing bodies, and the coordinated response plan was updated to indicate the PREA Compliance Manager would be the person assigned to make the reports to any licensing bodies.

Policies related to this standard and the personnel handbook as well demonstrate that the agency takes seriously the importance of keeping the residents and other staff safe from harm, including anything detrimental to the reputation of the agency.

Recommendations

Adjust the language in this section of the policy to be inclusive of all sexual abuse, if that is the intent. It would also be helpful if using the term 'sexual assault' in the policy, to include it in the definitions.

Conclusion

Based on the available evidence, the facility is found compliant with this standard.

115.277	Corrective action for contractors and volunteers
	<p data-bbox="280 192 986 226">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 271 571 304">Auditor Discussion</p> <hr/> <p data-bbox="280 349 544 383">Document Review</p> <ol data-bbox="344 450 986 562" style="list-style-type: none"> 1. TPRC PAQ 2. TPRC PREA Policy 3. Personnel Policies and Procedures Manual <p data-bbox="280 607 440 640">Interviews:</p> <p data-bbox="280 685 507 719">Facility Director</p> <p data-bbox="280 763 536 797">PREA Coordinator</p> <p data-bbox="280 898 456 931">Observation</p> <p data-bbox="280 976 1385 1043">The facility reports there have been no allegations of sexual abuse or sexual harassment by contractors or volunteers during the audit period.</p> <p data-bbox="280 1088 1497 1536">(a)(b) The PAQ indicates that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. It also states that agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. The PREA Policy, page 8, section 7B Corrective Action for Contractors and Volunteers, requires that "any contractor or volunteer who engages in sexual assault, sexual abuse, or sexual harassment shall be prohibited from contact with residents and local law enforcement will be contacted unless the activity is determined to be non-criminal. TPRC shall discontinue the services of Contractors, Volunteers or Interns who have engaged in sexual abuse and/or harassment."</p> <p data-bbox="280 1581 1481 1693">The agency reports in the PAQ that in the past 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p data-bbox="280 1738 1481 1850">During the corrective action period, the agency updated the PREA policy to require notification to relevant licensing bodies (page 9, section 7 Discipline, paragraph B3.)</p> <p data-bbox="280 1917 440 1951">Conclusion</p> <p data-bbox="280 1995 1481 2029">Based on the available evidence, the facility is found compliant with this standard</p>

115.278 Disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review

1. TPRC PAQ
2. TPRC PREA Policy
3. TPRC Welcome Packet
4. TPRC PREA Resident Handbook

Interviews:

Facility Director

PREA Coordinator

(a) The TPRC PAQ indicates residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse or only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. The TPRC PREA Policy, page 9, Section 7C Disciplinary Sanctions for Residents, "1) Residents will be subject to disciplinary sanctions or remanded back to the MDOC following an administrative finding that the resident engaged in sexual assault, sexual abuse or sexual harassment of another resident. Any resident criminally charged will be remanded."

(b) This provision requires that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

(c) This provision requires the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(d) The TPRC PAQ response indicates the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility does not consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

(e) In the TPRC PAQ, the agency indicated that it would not discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(f) The agency indicated it would not prohibit discipline for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. This question was misunderstood. Leadership indicated they would not discipline a resident for a report of sexual abuse that was made in good faith.

(g) The agency indicated on the PAQ that it prohibits all sexual activity between residents and disciplines residents for such activity and deems such activity to constitute sexual abuse only if it determines that the activity is coerced. TPRC Policy defines sexual abuse between residents as a sexual act "if the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse."

The PREA Policy and other materials reviewed do not speak to some of these provisions, and the facility can provide no samples of investigation or discipline to support any statements. The Sexual Abuse, Assault and Sexual Harassment PREA Resident Handbook indicates a resident could be subject to the facility's "discipline policy". During the corrective action period, the PREA policy was updated, adding the following language in response to provisions (b) and (c) of this standard.

"Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories." "The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." (Page 10, Section 7 Discipline, paragraphs C2 and C3, Disciplinary Sanctions for Residents).

Conclusion

Based on the available evidence, the facility is found to be compliant with this standard.

115.282	Access to emergency medical and mental health services
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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	Document Reviews
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	TPRC PAQ
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	Oakland County SART website
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	Interviews
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	Facility Director
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PREA Coordinator

Observation

There are no health care or mental health staff at this facility. All emergency and follow-up care would be provided by local hospital and victim advocates. Local law enforcement and some agencies in the Oakland Community Health Network with Turning Point Recovery Centers, are also on the Oakland County Sexual Assault Response Team, per website review.

(a) PAQ indicates resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

PAQ indicates that since the agency does not employ medical and mental health staff, the agency does not maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. (Such documentation is not required by the Standard, but may be helpful to review during the audit.)

(b) Facility staff would be first responders and implement the coordinated response plan, taking preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.

(c): Without health care staff, the facility cannot offer resident victims of sexual abuse while incarcerated timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. However, this would be done by the hospital or victim advocate.

(d) The PAQ and PREA Policy both indicate that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. PREA Policy, page 9, section 8A states 1) Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Conclusion

Based on the available evidence, the facility is found compliant with this standard.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
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Auditor Overall Determination: Meets Standard Auditor

Discussion

Document Review:

Turning Point Recovery Center PAQ

Turning Point Recovery Center PREA Policy

Onsite Observations

TPRC does not employ any medical or mental health staff. The facility does provide a lot of information about resources to residents at intake and also has information on a bulletin board in a common area where residents spend most of their days. There were neither health care staff nor Residents who reported Sexual Abuse at the facility to interview for this standard. There were no reports of sexual abuse to review for information related to this standard.

(a) TPRC's PREA Policy, page 9, section 8.A Access to Medical and Mental Health Care, states "1) Victims of sexual abuse will receive timely unimpeded access to emergency medical treatment and crisis intervention services at no cost to the resident regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

2) TPRC does not employ medical or mental health staff. Any victim of sexual assault or sexual abuse will be transported to a local hospital for appropriate treatment and information about sexually transmitted diseases in accordance with professionally accepted standards of care by SAFE/SANE qualified staff.

ONGOING MEDICAL AND MENTAL HEALTH CARE FOR VICTIMS AND ABUSERS

1) Continued medical and mental health treatment for victims and abusers will be provided by MDOC or local medical facilities as deemed appropriate at no cost to the resident(s)."

All the rest of the medical and mental health services will be provided by outside agencies.

(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

(d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

(e) If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

(f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(h) The PAQ indicated the facility does not 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. The facility does not employ mental health staff. Interviews with an administration staff member indicated that sex offenders are not eligible for this program. This was also indicated on the Turning Point Recovery Centers Prescreening form.

Conclusion

Based on the available evidence, the facility is found to be compliant with this standard.

115.286	Sexual abuse incident reviews
	<p data-bbox="280 192 983 226">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 271 571 304">Auditor Discussion</p> <p data-bbox="280 349 501 383">Documentation</p> <ol data-bbox="344 450 948 562" style="list-style-type: none"> <li data-bbox="344 450 528 483">1. TPRC PAQ <li data-bbox="344 495 639 528">2. TPRC PREA Policy <li data-bbox="344 539 948 573">3. TPRC Coordinated Response Document <p data-bbox="280 607 427 640">Interviews</p> <ol data-bbox="344 707 826 819" style="list-style-type: none"> <li data-bbox="344 707 683 741">1. Director or Designee <li data-bbox="344 752 639 786">2. PREA Coordinator <li data-bbox="344 797 826 831">3. Incident Review Team member
	<p data-bbox="280 864 1492 931">(a)(b) The TPRC PAQ reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless</p>
	<p data-bbox="280 994 1477 1234">the allegation has been determined to be unfounded and (b) that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. It reports that there have been zero sexual abuse investigations during the audit period. It also indicates that (c) that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="280 1279 1465 1435">The TPRC PREA Policy, page 9, section 8A Sexual Abuse Incident Reviews, item 1) indicates the PREA Coordinator in consultation with the Incident Review Team, which includes the CEO, Program Director, PREA Coordinator, and other pertinent individuals, will conduct an incident review within 30 days of the conclusion of all sexual abuse investigations including allegations that are found to be unsubstantiated.</p> <p data-bbox="280 1480 1477 1928">(d) The TPRC PAQ affirms the review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.</p> <p data-bbox="280 1973 1477 2130">The TPRC PREA Policy, page 9, section 9A Sexual Abuse Incident Reviews, item 2) requires that the Incident Review Team shall 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 was motivated or otherwise caused by a group of dynamics at the facility, and 3) The</p>

Incident Review Team shall examine the area where the incident allegedly occurred to assess whether physical barriers in the area enabled the abuse; assess staffing levels; assess use of monitoring equipment; and prepare a report of its findings and recommendations for improvement.

The facility responded in the TPRC PAQ that it would not implement the recommendations for improvement or documents its reasons for not doing so. The PREA Policy, page 9, section 9A, item 4) indicates Based on the review of an incident, appropriate corrective actions shall be taken as determined by the Incident Review Team.

Since there have been no incidents to review, there were no examples of review meeting reports to review.

A review of the Sexual Abuse Coordinated Team Response document included the following elements:

During an interview, the PREA Coordinator indicated that they would implement improvements based on the review and recommendations. Provided an example of review and improvement implementation following an overdose incident at the facility during which they administered Narcan and saved the individual. Following the incident, they recommended and arranged for drug dogs to assist in securing the facility and adjusted cameras.

Based on the available evidence, the facility is found compliant with this standard.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review</p> <p>TPRC PAQ</p> <p>TPRC PREA Policy</p> <p>Interviews</p> <p>PREA Coordinator</p> <p>(a) The TPRC PAQ states the agency collects 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>(c) The TPRC PAQ indicates the incident-based data collected shall 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.</p> <p>(a) (c) (d) The TPRC PREA Policy, section 9, Data Collection and Review, paragraph B indicates, "1) TPRC shall collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its programs/facilities. Data shall be aggregated according to facility as well as the agency as a whole. A standardized tool shall be used, which answers all of the questions from the most recent Survey of Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report:</p> <ul style="list-style-type: none"> • On each alleged report, creating a total number of reports and their outcome <ul style="list-style-type: none"> • What type of alleged harassment / abuse occurred - client on client, client on staff, staff on client, staff on staff • What Type of Client - originating referral source • Type of abuse or harassment – nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct... • Was the alleged claim of sexual harassment /abuse substantiated, unfounded, or the investigation is still on going • Contributing factors – race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of Codes of Ethics" <p>(b) The TPRC PAQ indicates the agency aggregates the incident-based sexual abuse data at least annually.</p>

The TPRC PREA Policy, section 9 Data Collection and Review, paragraph B states, "2) Data shall be aggregated and presented in an annual report. The facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year's data with those of previous years and shall provide an assessment of the facility's progress in addressing sexual abuse." and "3) The annual report shall be approved by the CEO and shall be made readily available to the public through its website or other means upon request."

(d) The TPRC PAQ indicates the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

(e)(f) Not applicable to this agency. It does not contract for the confinement of its residents and the DOJ has not requested a report from the previous calendar year.

Conclusion

Based on the available evidence, the facility is found compliant with this standard.

115.288 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review

1. TPRC PAQ
2. TPRC PREA Policy

Interviews

1. Agency Head
2. PREA Coordinator

Observations

The facility did not include an example of its annual report within the PAQ, however, they did state that they provide an annual report to the agency with which they are contracted to provide substance use disorder programming. A preaudit view of the website demonstrated that there was no such report on their website.

(a) The TPRC PAQ indicates the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The PREA Policy, page 10, section 9B, Data Review for Corrective Action, indicates "1) TPRC shall collect accurate, uniform data for every allegation of sexual abuse that has taken place in each of its programs/facilities. Data shall be aggregated according to facility as well as the agency as a whole. A standardized tool shall be used, which answers all of the questions from the most recent Survey of

Sexual Violence conducted by the Department of Justice. The following shall be collected on each alleged report:

- On each alleged report, creating a total number of reports and their outcome
- What type of alleged harassment / abuse occurred - client on client, client on staff, staff on client, staff on staff • What Type of Client - originating referral source
- Type of abuse or harassment – nonconsensual sexual acts, abusive sexual contact, sexual harassment, sexual misconduct...
- Was the alleged claim of sexual harassment /abuse substantiated, unfounded, or the investigation is still on going
- Contributing factors – race, gang affiliation, sexual identity, sexual orientation, physical plan issues, staff supervision, violation of Codes of Ethics"

(b) The TPRC PAQ states the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The PREA Policy, page 10, section 9B states 2) Data shall be aggregated and presented in an annual

report. The facility shall prepare an annual report of its findings and corrective actions. The report shall include a comparison of the current year's data with those of previous years and shall provide an assessment of the facility's progress in addressing sexual abuse.

(c) The agency indicated on the PAQ it does not make its annual report readily available to the public at least annually through its website and does not make it available through other means. The PAQ does indicate the annual reports are approved by the agency head.

The PREA Policy, page 10, section 9B states that 3) The annual report shall be approved by the CEO and shall be made readily available to the public through its website or other means upon request.

(d) In the TPRC PAQ, the facility responded "NO" when asked if, when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The facility also answered "NO" when asked if the agency indicates the nature of material redacted.

During the corrective action period, the facility provided a PREA annual report for 2022 to satisfy standards (a) and (b) and placed it on their website (c). Additionally, they updated policy to more appropriately address the data compiled for the annual report. The appropriate data reflects information related to resident victims for this report as it relates to sexual abuse of confined persons. The report included information about the numbers of each allegation category and reports findings for each category to include substantiated, unsubstantiated, unfounded and ongoing. The annual report does not include any information that would present a clear and specific threat to the safety and security of the facility, therefore, there is no need to redact information prior to publishing. The website with PREA information is <https://turningpointrecovery.org/who-we-are>.

Conclusion

Based on the available information, the facility is found compliant with this standard.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review
	<ol style="list-style-type: none"> 1. TPRC PAQ 2. TPRC PREA Policy
	<p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Coordinator <ol style="list-style-type: none"> (a) The TPRC PAQ reports the agency ensures that incident-based and aggregate data are securely retained. During an interview, the PREA Coordinator indicated incident-based and aggregated data are securely retained within his office. (b) The TPRC PAQ states agency policy does not require that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. The PAQ indicates that the facility provides the information to the contracting agency for inclusion in their annual report. (c) In the TPRC PAQ, the facility answered "NO" that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. <p>However, the PREA Policy, page 10, section 9C Data Storage, Publication and Destruction, states "2) Prior to making the data public, all personal identifiers shall be redacted. This data, minus redactions, shall also be provided to the MDOC for inclusion in their annual report."</p> <p>The PAQ indicates the agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>The PREA Policy, page 10, section 9C Data Storage, Publication and Destruction, requires "2) Records will be maintained for at least 10 years after the date of initial collection."</p> <p>The PREA Coordinator discussed the various privacy requirements based on the laws governing the residents and release of personally identifiable information. On site, the auditor was able to review documents related to residents, however, upon a request to email some documents, the personally identifiable information was redacted, and a coding system was put in place in the event the information was hacked. The facility is very aware of each individual's privacy and aware of the requirements to not personally identify to the public anyone involved in the data that is published.</p>

During the corrective action period, the facility published its annual report on their website at <https://turningpointrecovery.org/who-we-are> .

Conclusion

Based on the available evidence, the facility is found complaint with this standard.

115.401 Frequency and scope of audits	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a)(b) This is the first PREA audit for this facility. It is part of an agency providing substance use disorder programming as part of a community health network in Oakland County. TPRC has contracted with the Michigan Department of Corrections (MDOC) to provide substance use disorder programming for parolees and probationers under the supervision of their Field Operations Administration. It has agreed to comply with the PREA Standards as part of that contract, including being monitored by the MDOC contract monitor and audited by a certified PREA Auditor each audit cycle.</p> <p>(h) The auditor received all documents requested prior to the audit, during the onsite portion of the audit, and during the post-audit timeframe. The auditor was allowed access to all areas of the facility.</p> <p>(i) The auditor was provided a private office in which to conduct interviews both days. Staff were pleasant and timely in providing the individuals the auditor selected for interviews. Residents were cooperative and willing to speak with the auditor. No staff or resident refused to participate in an interview.</p> <p>(m) The auditor received photographs of the audit notices posted at 6 weeks prior to the audit and noted they were in place upon arrival. The auditor received no mail related to this audit.</p> <p>Based on the available evidence, the facility is found complaint with this standard.</p>

115.403	Audit contents and findings
	<p data-bbox="280 192 986 226">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 271 571 304">Auditor Discussion</p> <p data-bbox="280 349 544 383">Document Review</p> <p data-bbox="280 416 564 450">Auditor Instructions</p> <p data-bbox="280 483 432 517">Interviews</p> <p data-bbox="280 551 472 584">Agency Head</p> <p data-bbox="280 618 536 651">PREA Coordinator</p> <p data-bbox="280 775 1315 808">Administrative staff indicated this audit is the agency's first PREA Audit.</p>
	<p data-bbox="280 887 1497 965">Instructions to the auditor indicate that this standard is not applicable to this facility, as this provision relates specifically to previous audits for the agency or the facility.</p> <p data-bbox="280 999 437 1032">Conclusion</p> <p data-bbox="280 1066 1437 1099">Based on the above evidence, the facility is found compliant with this standard.</p>

Appendix: Provision Findings	
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Does the agency have a written policy mandating zero tolerance <input type="checkbox"/> yes toward all forms of sexual abuse and sexual harassment? Does the written policy outline the agency's approach to <input type="checkbox"/> yes preventing, detecting, and responding to sexual abuse and sexual harassment?
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Has the agency employed or designated an agency-wide PREA <input type="checkbox"/> yes Coordinator?
	Is the PREA Coordinator position in the upper-level of the agency <input type="checkbox"/> yes hierarchy?
	Does the PREA Coordinator have sufficient time and authority to <input type="checkbox"/> yes develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?
115.212 (a)	Contracting with other entities for the confinement of residents
	If this agency is public and it contracts for the confinement of its <input type="checkbox"/> na 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.)
115.212 (b)	Contracting with other entities for the confinement of residents
	Does any new contract or contract renewal signed on or after <input type="checkbox"/> na 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.)
115.212 (c)	Contracting with other entities for the confinement of residents
	If the agency has entered into a contract with an entity that fails <input type="checkbox"/> na to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)

	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.)	
115.213	Supervision and monitoring	
(a)		
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213	Supervision and monitoring	
(b)		
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213	Supervision and monitoring (c)	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes

In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?

	In the past 12 months, has the facility assessed, determined, and <input type="checkbox"/> yes documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	
115.215	Limits to cross-gender viewing and searches	
(a)		
	Does the facility always refrain from conducting any cross-gender searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	<input type="checkbox"/> yes strip
115.215	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.)	<input type="checkbox"/> yes down
	Does the facility always refrain from restricting female residents' regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	<input type="checkbox"/> yes access to
115.215	Limits to cross-gender viewing and searches (c)	
	Does the facility document all cross-gender strip searches and searches?	<input type="checkbox"/> yes cross-gender visual body cavity
	Does the facility document all cross-gender pat-down searches of female residents?	<input type="checkbox"/> yes female residents?
115.215	Limits to cross-gender viewing and searches	
(d)		
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	<input type="checkbox"/> yes perform bodily viewing
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	<input type="checkbox"/> yes

Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? yes their

115.215	Limits to cross-gender viewing and searches	
(e)		
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215	Limits to cross-gender viewing and searches (f)	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216	Residents with disabilities and residents who are limited (a)	English proficient
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who 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	yes

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

115.216
proficient

Residents with disabilities and residents who are limited (c)

English

Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?

yes

115.217

Hiring and promotion decisions

(a)

	Does the agency prohibit the hiring or promotion of anyone who yes 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)?	
	Does the agency prohibit the hiring or promotion of anyone who yes 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? 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 yes 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)?	
	Does the agency prohibit the enlistment of the services of any yes contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any yes 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 ?	
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in yes determining whether to hire or promote anyone who may have contact with residents? Does the agency consider any incidents of sexual harassment in yes determining to enlist the services of any contractor who may have contact with residents?	
115.217	Hiring and promotion decisions (c)	
	Before hiring new employees who may have contact with yes residents, does the agency: Perform a criminal background records check?	
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.217

Hiring and promotion decisions

(d)

Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? yes

115.217

Hiring and promotion decisions

(e)

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

115.217

Hiring and promotion decisions

(f)

Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? yes

Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? yes

Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? yes

115.217

Hiring and promotion decisions

(g)

Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? yes

115.217

Hiring and promotion decisions

(h)

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

115.218

(a)	Upgrades to facilities and technology	
115.218	If the agency designed or acquired any new facility or planned any yes 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.)	
(b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, yes electronic surveillance system, or other monitoring technology, did the agency consider how such	
	technology may enhance the	
	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221	Evidence protocol and forensic medical examinations	
(a)	If the agency is responsible for investigating allegations of sexual yes 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.)	
115.221	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.)	yes
115.221	Is this protocol, as appropriate, adapted from or otherwise based yes 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.)	most
	Evidence protocol and forensic medical examinations	

(c)

Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? yes

Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? yes

If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? yes

Has the agency documented its efforts to provide SAFEs or SANEs? yes

115.221

Evidence protocol and forensic medical examinations

(d)

Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? yes

If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? yes

Has the agency documented its efforts to secure services from rape crisis centers? yes

115.221

Evidence protocol and forensic medical examinations

(e)

As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? yes

As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? yes

115.221

Evidence protocol and forensic medical examinations (f)

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

115.221

Evidence protocol and forensic medical examinations

(h)		
	<p>If the agency uses a qualified agency staff member or a qualified yes 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).</p>	
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	<p>Does the agency ensure an administrative or criminal yes investigation is completed for all allegations of sexual abuse?</p>	
	<p>Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?</p>	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	<p>Does the agency have a policy in place to ensure that allegations yes 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?</p>	
	<p>Has the agency published such policy on its website or, if it does no not have one, made the policy available through other means?</p>	
	<p>Does the agency document all such referrals?</p>	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
115.231	<p>If a separate entity is responsible for conducting criminal yes 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).)</p>	
(a)	Employee training	
	<p>Does the agency train all employees who may have contact with yes residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?</p>	
	<p>Does the agency train all employees who may have contact with</p>	yes

residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?

	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231	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
115.231	Employee training (c)	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes

In years in which an employee does not receive refresher training,

yes

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

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234	Specialized training: Investigations	
(b)	Does this specialized training include: Techniques for interviewing abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234	Specialized training: Investigations	
(c)	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).)	yes
115.235	Specialized training: Medical and mental health care	
(a)	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.)	
	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.)	

	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.)	
115.235 (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 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.) Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by	
	§115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
	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.)	

115.241

Screening for risk of victimization and abusiveness

(a)

	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241	Screening for risk of victimization and abusiveness	
(b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241		
(c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241		
(d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	
	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?	
	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)?

Does the intake screening consider, at a minimum, the following yes criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?

Does the intake screening consider, at a minimum, the following yes criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?

115.241

Screening for risk of victimization and abusiveness

(e)

In assessing residents for risk of being sexually abusive, does the yes initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?

In assessing residents for risk of being sexually abusive, does the yes initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?

In assessing residents for risk of being sexually abusive, does the yes initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?

115.241

Screening for risk of victimization and abusiveness (f)

Within a set time period not more than 30 days from the resident's yes 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?

115.241

Screening for risk of victimization and abusiveness

(g)

Does the facility reassess a resident's risk level when warranted yes due to a: Referral?

Does the facility reassess a resident's risk level when warranted yes due to a: Request?

Does the facility reassess a resident's risk level when warranted yes due to a: Incident of sexual abuse?

Does the facility reassess a resident's risk level when warranted yes due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?

115.241	Screening for risk of victimization and abusiveness	
(h)	Is it the case that residents are not ever disciplined for refusing to <input type="checkbox"/> yes 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?	
115.241	Screening for risk of victimization and abusiveness (i)	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242	Use of screening information	
(a)		
	Does the agency use information from the risk screening required <input type="checkbox"/> yes 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?	
	Does the agency use information from the risk screening required <input type="checkbox"/> yes 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?	
	Does the agency use information from the risk screening required <input type="checkbox"/> yes 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?	
	Does the agency use information from the risk screening required <input type="checkbox"/> yes 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?	
115.242	Use of screening information	
(b)	Does the agency make individualized determinations about how to <input type="checkbox"/> yes ensure the safety of each resident?	

115.242	Use of screening information (c)	
	<p>When deciding whether to assign a transgender or intersex resident <input type="checkbox"/> yes 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)?</p> <p>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?</p>	<p><input type="checkbox"/> yes</p>
115.242	Use of screening information (d)	
	<p>Are each transgender or intersex resident's own views with <input type="checkbox"/> yes respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?</p>	
115.242	Use of screening information (e)	
	<p>Are transgender and intersex residents given the opportunity to <input type="checkbox"/> yes shower separately from other residents?</p>	
115.242	Use of screening information (f)	
	<p>Unless placement is in a dedicated facility, unit, or wing <input type="checkbox"/> yes 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.)</p> <p>Unless placement is in a dedicated facility, unit, or wing <input type="checkbox"/> yes 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.)</p>	

Unless placement is in a dedicated facility, unit, or wing yes 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.)

115.251

Resident reporting

(a)

Does the agency provide multiple internal ways for residents to yes privately report: Sexual abuse and sexual harassment?

Does the agency provide multiple internal ways for residents to yes privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?

Does the agency provide multiple internal ways for residents to yes privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?

115.251

Resident reporting (b)

Does the agency also provide at least one way for residents to yes report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?

Is that private entity or office able to receive and immediately yes forward resident reports of sexual abuse and sexual harassment to agency officials?

Does that private entity or office allow the resident to remain yes anonymous upon request?

115.251

Resident reporting (c)

Do staff members accept reports of sexual abuse and sexual yes harassment made verbally, in writing, anonymously, and from third parties?

Do staff members promptly document any verbal reports of sexual yes abuse and sexual harassment?

115.251

Resident reporting

(d)

Does the agency provide a method for staff to privately report yes sexual abuse and sexual harassment of residents?

115.252

(a)	Exhaustion of administrative remedies	
115.252	<p>Is the agency exempt from this standard?</p> <p>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.</p>	no
(b)	Exhaustion of administrative remedies	
115.252	<p>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.)</p> <p>Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)</p>	<p>yes an</p> <p>yes any informal</p>
115.252	Exhaustion of administrative remedies (c)	
115.252	<p>Does the agency ensure that: a resident who alleges sexual abuse 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.)</p> <p>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.)</p>	<p>yes may submit</p> <p>yes staff member who is</p>
(d)	Exhaustion of administrative remedies	
115.252	<p>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.)</p> <p>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.)</p>	<p>yes to make an</p>

At any level of the administrative process, including the final level, yes 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.)

115.252

Exhaustion of administrative remedies

(e)

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.)

	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	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.)	
115.252		
	Exhaustion of administrative remedies (f) Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	
	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.)	

Does the initial response document the agency's action(s) taken in yes response to the emergency grievance? (N/A if agency is exempt from this standard.)

Does the agency's final decision document the agency's action(s) yes taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)

115.252

Exhaustion of administrative remedies

(g)

If the agency disciplines a resident for filing a grievance related to yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253	Resident access to outside confidential support services	
(a)		
	Does the facility provide residents with access to outside victim yes 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?	
	Does the facility enable reasonable communication between yes residents and these organizations, in as confidential a manner as possible?	
115.253		
(b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of yes 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?	
115.253		
(c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of yes understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation yes showing attempts to enter into such agreements?	
115.254		
(a)	Third party reporting	

Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? yes

Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? yes

115.261

Staff and agency reporting duties

(a)

Does the agency require all staff to report immediately and according to agency policy

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

115.261

Staff and agency reporting duties

(b)

	Apart from reporting to designated supervisors or officials, do staff 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 always	
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115.261

Staff and agency reporting duties

(c)

	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	medical and mental
	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	residents of the

115.261

Staff and agency reporting duties

(d)

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If the alleged victim is under the age of 18 or considered a yes 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?

115.261

Staff and agency reporting duties

(e)

Does the facility report all allegations of sexual abuse and sexual yes harassment, including third-party and anonymous reports, to the facility's designated investigators?

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
115.264	Upon learning of an allegation that a resident was sexually <input type="checkbox"/> yes 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?	
(b)	Staff first responder duties	
115.265	If the first staff responder is not a security staff member, is the <input type="checkbox"/> yes responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	
	Coordinated response (a)	
115.266	Has the facility developed a written institutional plan to coordinate <input type="checkbox"/> yes actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	
(a)	Preservation of ability to protect residents from contact with abusers	
115.267	Are both the agency and any other governmental entities <input type="checkbox"/> yes 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?	
(a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and <input type="checkbox"/> yes staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	
115.267	Has the agency designated which staff members or departments <input type="checkbox"/> yes are charged with monitoring retaliation?	
	Agency protection against retaliation	

(b)

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

(d)	Agency protection against retaliation	
115.267	In the case of residents, does such monitoring also include yes periodic status checks?	
(e)	Agency protection against retaliation	
115.271	If any other individual who cooperates with an investigation yes expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	
(a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations yes 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).)	
115.271	Does the agency conduct such investigations for all allegations, yes 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).)	
(b)	Criminal and administrative agency investigations	
115.271	Where sexual abuse is alleged, does the agency use investigators yes who have received specialized training in sexual abuse investigations as required by 115.234?	
(c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial yes evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected yes perpetrators, and witnesses?	
	Do investigators review prior reports and complaints of sexual yes abuse involving the suspected perpetrator?	
115.271	Criminal and administrative agency investigations	
(d)		

115.271	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
(e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, yes suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271	Criminal and administrative agency investigations (f)	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents Following a resident's allegation that a staff member has yes 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?	
	Following a resident's allegation that a staff member has yes 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?	
	Following a resident's allegation that a staff member has yes 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? Following a resident's allegation that a staff member has yes 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?	
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually yes 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?	
	Following a resident's allegation that he or she has been sexually yes abused by another resident, does the agency subsequently inform	

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

	Is any contractor or volunteer who engages in sexual abuse with residents?	yes prohibited from contact	
	Is any contractor or volunteer who engages in sexual abuse enforcement agencies (unless the activity was clearly not criminal)?	yes reported to: Law	
	Is any contractor or volunteer who engages in sexual abuse licensing bodies?	yes reported to: Relevant	
115.277 (b)	Corrective action for contractors and volunteers		
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes	
115.278 (a)	Disciplinary sanctions for residents		
115.278	Following an administrative finding that a resident engaged in 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 resident-on-resident	
115.278 (b)	Disciplinary sanctions for residents		
115.278	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes	
115.278 (c)	Disciplinary sanctions for residents		
115.278	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes	
115.278 (d)	Disciplinary sanctions for residents		
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	no	

115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff yes only upon a finding that the staff member did not consent to such contact?	
115.278	Disciplinary sanctions for residents (f)	
115.278	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
(g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
115.282	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)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282	Access to emergency medical and mental health services (c)	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282	Access to emergency medical and mental health services	
(d)	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?	
115.283	Ongoing medical and mental health care for sexual abuse	
(a)	victims and abusers Does the facility offer medical and mental health evaluation and, yes as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	
115.283	Ongoing medical and mental health care for sexual abuse	
(b)	victims and abusers Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283	Ongoing medical and mental health care for sexual abuse	
(c)	victims and abusers Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283	Ongoing medical and mental health care for sexual abuse	
(d)	victims and abusers Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283	Ongoing medical and mental health care for sexual abuse	
(e)	victims and abusers If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be	yes

residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)

115.283 Ongoing medical and mental health care for sexual abuse
(f) victims and abusers

Are resident victims of sexual abuse while incarcerated offered yes tests for sexually transmitted infections as medically appropriate?

115.283 Ongoing medical and mental health care for sexual abuse
(g) victims and abusers

Are treatment services provided to the victim without financial yes cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?

115.283 Ongoing medical and mental health care for sexual abuse
(h) victims and abusers

Does the facility attempt to conduct a mental health evaluation of yes 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?

115.286 Sexual abuse incident reviews
(a)

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

115.286 Sexual abuse incident reviews
(b)

Does such review ordinarily occur within 30 days of the conclusion yes of the investigation?

115.286 Sexual abuse incident reviews (c)

Does the review team include upper-level management officials, yes with input from line supervisors, investigators, and medical or mental health practitioners?

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

(c)	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287	Data collection	
(d)	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287	Data collection	
(e)	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287	Data collection (f)	
	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
115.288	Data review for corrective action	
(a)	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

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

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

	same manner as if they were communicating with legal counsel?	
115.403	Audit contents and findings (f)	
	<p>The agency has published on its agency website, if it has one, or na 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.)</p>	