

# PREA Facility Audit Report: Final

**Name of Facility:** House of Commons

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 05/03/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Amy J. Fairbanks	<b>Date of Signature:</b> 05/03/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Fairbanks, Amy
<b>Email:</b>	fairbaa@comcast.net
<b>Start Date of On-Site Audit:</b>	03/21/2024
<b>End Date of On-Site Audit:</b>	03/22/2024

FACILITY INFORMATION	
<b>Facility name:</b>	House of Commons
<b>Facility physical address:</b>	706 Curtis Street, Mason, Michigan - 48854
<b>Facility mailing address:</b>	2389 Jarco Drive, Holt, Michigan - 48842

Primary Contact
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<b>Name:</b>	KC Brown
<b>Email Address:</b>	brownk3@ceicmh.org
<b>Telephone Number:</b>	2694261249

<b>Facility Director</b>	
<b>Name:</b>	KC Brown
<b>Email Address:</b>	brownk3@ceicmh.org
<b>Telephone Number:</b>	2694261249

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Jim Keel
<b>Email Address:</b>	keelj@ceicmh.org
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	40
<b>Current population of facility:</b>	18
<b>Average daily population for the past 12 months:</b>	23
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18 years and up
<b>Facility security levels/resident custody levels:</b>	open facility
<b>Number of staff currently employed at the facility who may have contact with</b>	13

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	37
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	11

**AGENCY INFORMATION**

<b>Name of agency:</b>	Community Mental Health Authority of Clinton, Eaton, and Ingham Counties
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	812 East Jolly Road, Lansingq, Michigan - 48910
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

**Agency Chief Executive Officer Information:**

<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	KC Brown	<b>Email Address:</b>	brownk3@ceicmh.org
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**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:**

3

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.217 - Hiring and promotion decisions
- 115.231 - Employee training

**Number of standards met:**

38

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-03-21
2. End date of the onsite portion of the audit:	2024-03-22

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	40
15. Average daily population for the past 12 months:	20
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	17
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>14</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>4</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>10</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>They were randomly selected based on the roster provided to the auditor.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>

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

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Formal and informal dialogue, in addition to observations during the onsite audit, confirmed to the auditor that no targeted residents were housed at the time of the audit.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Formal and informal dialogue, in addition to observations during the onsite audit, confirmed to the auditor that no targeted residents were housed at the time of the audit.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Formal and informal dialogue, in addition to observations during the onsite audit, confirmed to the auditor that no targeted residents were housed at the time of the audit.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Formal and informal dialogue, in addition to observations during the onsite audit, confirmed to the auditor that no targeted residents were housed at the time of the audit.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Formal and informal dialogue, in addition to observations during the onsite audit, confirmed to the auditor that no targeted residents were housed at the time of the audit.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Formal and informal dialogue, in addition to observations during the onsite audit, confirmed to the auditor that no targeted residents were housed at the time of the audit.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Formal and informal dialogue, in addition to observations during the onsite audit, confirmed to the auditor that no targeted residents were housed at the time of the audit.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Formal and informal dialogue, in addition to observations during the onsite audit, confirmed to the auditor that no targeted residents were housed at the time of the audit.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Formal and informal dialogue, in addition to observations during the onsite audit, confirmed to the auditor that no targeted residents were housed at the time of the audit.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Formal and informal dialogue, in addition to observations during the onsite audit, confirmed to the auditor that no targeted residents were housed at the time of the audit.</p>

<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>8</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input 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 checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Currently the facility has 13 staff, 8 were interviewed who were present during the two days of the onsite audit.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>16</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

	<input type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	LACASA, victim advocate; Recipient Rights staff, three total.
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Contractual staff do not have direct contact with residents, nor provide services to residents.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	No text provided.

**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.

<b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

No text provided.

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

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no allegations of sexual abuse or sexual harassment since the implementation of the PREA standards.

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

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

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>There were no allegations of sexual abuse or sexual harassment since the implementation of the PREA standards.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

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

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

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed, reviewed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· Interview with the PREA Coordinator/Program Director</li> <li>· PREA Coordinator/Director Job Description</li> <li>· Organizational Chart</li> <li>· Coordinator Job Description</li> <li>· Meeting Minutes for the ITRS Leadership Group</li> <li>· Observations</li> <li>· FAQ</li> </ul>

Evidence reviewed/analyzed by provision:

(a) The following policy excerpts demonstrate the facility's commitment to the requirements of zero tolerance for sexual abuse and harassment as well as an outline for preventing, detecting, and responding to allegations of sexual harassment and abuse.

8.5.37 ITRS; House of Commons; Zero Tolerance & Sexual Safety Plan is a five-page document that outlines and supports the facility's commitment to preventing, detecting, reporting and responding to sexual abuse or sexual harassment. It additionally addresses the investigation process up to prosecution. It reinforces that staff offenders found guilty of sexually abusive behavior shall be terminated from employment.

Additional policies that support the commitment to zero tolerance include the following: 3.3.14, Abuse, Neglect, or Mistreatment of Recipients: Consumer Treatment, Training, and Living and 2.1.01, Prohibited Harassment. Throughout the report, other policies are noted that are specific to the provisions for the standard.

(b) 8.5.37 ITRS; House of Commons; Zero Tolerance & Sexual Safety Plan states, House of Commons (HOC) mandates Zero Tolerance toward all forms of sexual abuse and sexual harassment (See definitions in section III). Community Mental Health Authority - Clinton Eaton and Ingham shall designate an upper-level, agency-wide Prison Rape Elimination Act (PREA) Coordinator; the Integrated Treatment and Recovery Services (ITRS) Program PREA Coordinator/Director.

As indicated above, the agency has a policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The auditor reviewed the job description for the PREA Coordinator/Director. It specifically states, "responsible for development, implementation and monitoring of local quality assurance activities, including Prison Rape Elimination ACT (PREA) standards as the agency's PREA Coordinator. This person serves under the general direction of the Chief Executive Officer. "

The auditor reviewed the job description for the Coordinator/Supervisor for the House of Commons. He has been assigned as the PREA Compliance Manager (PCM). This exceeds the requirements of the standard. His job description indicates that the person functions under the direction of the PREA Coordinator/Director of Integrated Treatment and Recovery Services. Specifically, it addresses the following: May monitor contracts for service for quality of care, compliance to regulations and budget; including Prison Rape Elimination Act (PREA) standards as the agency's PREA Compliance Manager. He is onsite full time at the House of Commons operation.

These roles and access to the person with authority to develop and implement the facility's efforts to comply with PREA are reinforced in the organization chart.

	<p>Additionally, the auditor viewed meeting minutes from May 2023 that reflected the appointment of the PREA Coordinator/Director as the PREA Coordinator, and the HOC Coordinator/Supervisor as the PERA Compliance Manager.</p> <p>The interview with the PREA Coordinator supports that she has sufficient time to manage her PREA related responsibilities. She indicates this is accomplished through continual communication with all staff. This communication dynamic was evident to the auditor during the onsite audit. She is also the Program Director for the House of Commons, one of seven operations she oversees for the Community Mental Health Integrated Treatment and Recovery Services. The designated PREA Compliance Manager (PCM) reports directly to her and is the House of Commons supervisor. Both expressed the efforts dedicated to initiating a PREA compliance program which included weekly meetings and working with the PREA Resource Center staff regularly. The auditor observed the teamwork between the PREA Coordinator, PCM and the Clinical Administrative Assistant in the development of policies, development of training and ensuring staff are assigned/trained as investigators.</p> <p>Summary of evidence supporting a finding of compliance: Policy supports the requirement of the standard, supporting the position of PREA Coordinator and PCM, and providing information on the facility’s plan to prevent, detect and respond to sexual abuse and sexual harassment. Additionally, the organization chart, interviews and observations provided the auditor with sufficient evidence to support a finding of compliance with the requirements of this standard.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· MDOC Probation Residential Services</li> <li>· Interview with the PREA Coordinator</li> <li>· Observations</li> </ul> <p>Summary of evidence supporting a finding of compliance:</p> <p>The House of Commons does not contract with other entities for the confinement of residents. This was confirmed by interviews with the PREA Coordinator/Director, review of the contract for whom the agency does provide residence and treatment (no correctional clients), and observations during the onsite audit. The auditor found no reason to dispute this during the audit process. Therefore, this standard does not apply to this facility; the facility is compliant with the standard.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<p data-bbox="280 188 981 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1426 416">The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul data-bbox="280 456 1251 1061" style="list-style-type: none"> <li>· 8.5.34 ITRS; House of Commons; Adequate Staffing</li> <li>· House of Commons PREA Staffing Plan - January 2024</li> <li>· Documentation Demonstrating PREA Coordinator involvement</li> <li>· Staffing rosters - randomly requested</li> <li>· Interview with the PREA Coordinator/Director</li> <li>· Video Monitoring documentation</li> <li>· Floor plan for the residential operation</li> <li>· Observations during the tour</li> <li>· PAQ</li> </ul> <p data-bbox="280 1102 1465 1218">The PAQ indicates that the staffing plan is predicated on the capacity of the facility, (40) residents. It indicates that they do not deviate from the staffing plan. The average daily population for the past 12 months is 20 residents.</p> <p data-bbox="280 1258 1414 1335">The following policy excerpts supports compliance with the requirements of this standard:</p> <p data-bbox="280 1375 1305 1411">8.5.34 ITRS; House of Commons; Adequate Staffing states the following:</p> <p data-bbox="280 1451 1331 1527">In calculating adequate staffing levels and determining the need for video monitoring, the</p> <p data-bbox="280 1563 699 1599">following shall be considered:</p> <p data-bbox="280 1639 778 1675">The physical layout of each facility.</p> <p data-bbox="280 1715 900 1751">The composition of the resident population.</p> <p data-bbox="280 1792 1414 1827">The prevalence of substantiated and unsubstantiated incidents of sexual abuse.</p> <p data-bbox="280 1868 612 1904">Contract requirements.</p> <p data-bbox="280 1944 549 1980">Budget provisions.</p> <p data-bbox="280 2020 1404 2096">This Guideline is reviewed annually by the Program Coordinator, Program PREA Coordinator/Director or designee.</p>

	<p>Evidence reviewed/analyzed by provision:</p> <p>(a) Policy mirrors the standard requirements for provisions (a) and (c). The PCM/ Program Supervisor monitors staff daily and is responsible for ensuring coverage.</p> <p>(b) As noted in the PAQ, the facility does not deviate from the staffing plan; overtime is utilized to ensure staffing is available as determined. The auditor requested documentation to demonstrate adequate staffing in accordance with the plan on randomly selected dates. They reflected compliance demonstrating to the auditor that staffing is present in accordance with their plan. Dialogue with the PREA Coordinator/Director, PCM/Supervisor and staff interviews all confirmed that this operation has implemented having a second person on the night shift in response to ensuring that the facility is adequately staffed to ensure safety of the residents.</p> <p>(c) This is the first PREA audit for this facility. The PREA Staffing Plan is dated January 2024. It addresses the current staffing numbers, minimum staffing, and building video monitoring capabilities, meeting all requirements of the standard provisions. Leadership staff reported and provided the auditor documentation that the camera system is due for upgrades in April 2024, further increasing staff and resident safety. They additionally discussed that they believed they pursued an increase staffing on the night shift to better ensure safety of the residents. This is set to begin March 2024.</p> <p>Summary of evidence supporting a finding of compliance: Policy, review of camera operations, review of the staffing plan documentation, interviews with the PREA Coordinator/Director, staff on site and observations during the onsite audit gave the auditor sufficient evidence to support a finding of compliance with the requirements of this standard.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.1.35 ITRS; House of Commons; Security; Searches</li> <li>· Interviews random staff</li> <li>· Interviews with residents</li> <li>· View of security monitors</li> <li>· PREA Training portion 3</li> </ul>

- Staff training records
- Observations
- PAQ
- FAQ (Frequently Asked Questions, PREA Resource Center) December 2016

The PAQ indicates that no cross-gender strip searches occurred during the audit review period that involved exigent circumstance. The auditor found no reason to dispute this during the audit process. The PAQ indicates that 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

The facility indicates they do not conduct strip searches or body cavity searches. They only house male residents. The auditor found this credible after conducting all audit activities.

The following policy excerpts supports compliance with the requirements of this standard:

#### 8.1.35 ITRS; House of Commons; Security; Searches

Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC) staff shall conduct and document searches of the facility and residents for contraband. Resident shall be searched upon return to the facility. In addition, residents in the facility shall be periodically searched on a random basis to protect the health and welfare of the residents, staff and visitors.

#### Resident Body Searches

Body searches are to be conducted by staff for every resident returning to the facility if they were not escorted by staff. All searches shall be conducted in a professional and respectful manner. Strip searches are NOT permitted and will NOT be conducted on residents. Staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. This information will be obtained from the referral source prior to admission into the program. Residents are able to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine checks. Staff of the opposite gender shall announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Documenting Searches Body searches shall be documented in the resident file on Smartcare via a \*Client Monitoring Note. This Guideline is reviewed annually by the Program Manager, ITRS PREA Coordinator/ Director or designee.

Evidence reviewed/analyzed by provision:

(a) Policy supports this provision requirement. All staff interviewed confirmed that only male staff conduct pat down searches.

(b) This facility does not house female residents.

(c) As indicated in policy, searches are documented in the facility electronic file.

(d) Observations during the tour of bathroom/shower areas demonstrated that showers have curtains, and there are sufficient barriers for toilets and urinals. The entry door is open but there is adequate privacy provided for when a resident is using the toilet, urinal or showers. There is one camera located in this area; the auditor checked the view and concludes that it does not violate any privacy in this area. Female treatment staff and residents confirmed they do not go into the residence bathrooms and bunk area in the normal course of their business but were aware of the standard provisions to announce their presence before entering. Residents are instructed to change clothes in the shower/toilet/urinal/sink area. This was confirmed by interviews with the residents. Observations of the security monitors confirmed they do not have any views of the bathrooms/showers, or resident rooms (where they would change clothes). All staff and resident interviews confirmed without hesitation that they can shower, use the toilet and change clothes without having to be seen by female staff.

(e) All staff interviews confirmed knowledge that the facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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. This is also addressed in policy.

Although no resident who identified as transgender female or intersex was present on the day of the audit, the auditor had dialogue with various staff that supported their practice for a recent resident who did identify as transgender female. It involved a one-on-one discussion, case review discussing specific needs for placement, housing and searches. This meets the clarification specific in the FAQ which is appropriate for searches of transgender/intersex residents.

(f) Policy additionally specifically articulates how to conduct a pat search and when they are to be conducted. All staff confirmed they have been trained; however, the PREA Coordinator/Program Director confirmed to ensure this provision is met at a high standard, all staff were then provided the video, Guidance on Cross Gender and Transgender Pat Searches. The auditor viewed this video. It is a 32-minute guide on cross-gender searches and how to search transgender residents developed by the PREA Resource Center. Training documentation was sent demonstrating staff have received this training.

Summary of evidence supporting a finding of compliance: Policy addresses the requirements of the standard. Training curriculums, training records and staff interviews all confirmed that staff have been trained on cross-gender and transgender searches and searches would not be conducted just to determine

	<p>genital status. Privacy has been afforded to the residents for showering, changing clothes and using the toilet. Residents confirmed and staff confirmed that female staff do not enter the shower area without announcement, but curtains still block any views other than head and feet. And that residents change clothes in this area to ensure privacy as they are housed in an open dorm setting. The auditor supports that the evidence described does meet the clarification established in the FAQ This evidence provides the auditor with sufficient evidence to support a finding of compliance for all provisions of this standard.</p>
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<p><b>115.216</b></p>	<p><b>Residents with disabilities and residents who are limited English proficient</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.1.36 ITRS; House of Commons; Accommodating Special Needs</li> <li>· Community Mental Health (Clinton Eaton and Ingham) Limited English Proficiency Procedure, 3.6.10B</li> <li>· Community Mental Health (Clinton Eaton and Ingham) Nondiscrimination in Service Provisions Procedure</li> <li>· How to Access Interpretation/Translation Services</li> <li>· "I Speak Card"</li> <li>· Language Line Interpretation contract</li> <li>· Testing of Language interpretation availability</li> <li>· Interview with the PREA Coordinator/Director</li> <li>· PREA Training Curriculum</li> <li>· Random staff interviews</li> <li>· Resident interviews</li> <li>· Observations during the tour</li> <li>· PAQ</li> </ul> <p>The PAQ indicates there have been no instances where another resident was used to interpret for a LEP offender. The auditor found no reason to dispute this during the</p>

audit process.

The following policy excerpts supports compliance with the requirements of this standard:

#### 8.1.36 ITRS; House of Commons; Accommodating Special Needs

Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC) shall ensure that residents with special needs/accommodations have an equal opportunity to participate in or benefit from HOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Residents shall not be used as interpreters or readers for other residents except in limited circumstances where an extended delay could compromise the resident's safety. When necessary, access to interpreters will be provided, including for those who are limited English proficient. The Program Coordinator shall ensure that each facility has access to appropriate resources that can provide assistance as needed. Whenever possible, the referral source shall provide information regarding a resident's needs and assistance they may require to ensure appropriate resources are immediately available upon enrollment.

Community Mental Health (Clinton Eaton and Ingham) Limited English Proficiency Procedure, 3.6.10B

CMHA-CEI providers must ensure that beneficiaries who have LEP, visual, and/or hearing impairment can effectively communicate the relevant circumstances of their situation, are given adequate information about services and benefits, and are able to receive those services and benefits for which they are eligible.

Community Mental Health (Clinton Eaton and Ingham) Nondiscrimination in Service Provisions Procedure confirms that no qualified person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any services or activities of CMHA-CEI on the basis of race, color, religion, national origin, ancestry, age, gender, height, marital status, sexual orientation, physical or mental disability, political belief, place of residents or lack of residents, or ability to pay for services.

Evidence reviewed/analyzed by provision:

(a)(b)(c)

Policy supports the requirements of the provisions of the standard. Staff articulated to the auditor that they can only accept residents who are able to meet their Activities of Daily Living (ADLs); they could accommodate a wheelchair bound resident. The document "How to Access Interpretation/Translation Services" is a 5-page document providing information on various methods for ensuring effective communication to include access to interpretation for thirty-eight (38) languages via phone and American Sign Language (ASL) video interpretation. In addition to written translation services. Community Mental Health (Clinton Eaton and Ingham) Limited English Proficiency Procedure, 3.6.10B provides further direction on ensuring

confidentiality and the availability of effective methods for ensuring communication, to include American Sign Language. At the time of the audit, the auditor did not observe any residents who displayed medical limitations, or limited English skills. Ten out of seventeen residents were interviewed and as such the auditor found this credible. Therefore, no targeted residents with physical, mental, emotional disabilities or cognitive limited or English limitation were interviewed.

The interview with the PREA Coordinator/Director indicated that the organization ensures all disability and communication needs are addressed. This has been the practice at the organization, including House of Commons. Random staff interviews confirmed to the auditor that they are aware of how to access language services should the need arise, to include all shifts. The auditor tested the access to the language line, calling the access number, asking for an interpreter and immediately getting access to one.

Random staff interviews supported that using another resident to interpret has not occurred. Staff articulated that they would contact their supervisor for directions on how to access an interpreter in event they are unable to effectively communicate with a resident. All staff indicated they do not have a recollection of having to deal with a resident who could not speak English, other than one who spoke Arabic, but staff also had bilingual capabilities and communicated with the resident. The auditor found this credible. The training curriculum given to staff provides information to help staff identify vulnerable populations.

Summary of evidence supporting a finding of compliance: Observations made during the on-site visit, policy, resources for communicating with deaf/hard of hearing and LEP residents, interviews with staff and residents and availability of staff to assist those who may need help intellectually provided the auditor with sufficient evidence to support a finding of compliance.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.34 ITRS; House of Comms; Adequate Staffing</li> <li>· 2.1.080, Background Checks</li> <li>· Mental Health (Clinton Eaton and Ingham) Hiring Process Procedure, 2.1.08C</li> <li>· Credentialing Verification documentation</li> <li>· Application – Pre Hiring Questions</li> </ul>

- Interview Questions
- Employee Handbook
- New Hire Orientation acknowledgements
- Application for Contractor/Volunteer and promotional staff
- List of contractual staff
- Interview with Human Resources
- Interview with PREA Coordinator/Director
- Interview with PCM/Program Supervisor
- Documents observed from personnel files – employees
- Documentation of background check status employees and newly hired
- PAQ

The PAQ indicates there have been seven staff hired in the last twelve months for the facility, three contractual staff. The interview with PCM/Program Supervisor confirmed that there are no contractual staff who work at this facility who are not under escort or provide services. Therefore, contractual staff documents (maintenance, IT, fire safety inspectors and pest control, etc.) exceed the standard requirements.

The following policy excerpts supports compliance with the requirements of this standard:

#### 2.1.080, Background Checks

All CMHA-CEI employees, board of PREA Coordinator/Directors, students, volunteers and contractors will undergo some form of a criminal background check.(d) Initial background checks will be completed post official job offer up and no later than the day of new hire orientation. Ongoing background checks will be completed on an ongoing basis (i.e.—monthly, annually, biennially). The type of criminal background clearance checks processed is specific to the agency, program, unit, position, and/or contract requirements. 2. The following background checks and database exclusionary checks shall be utilized: a. Michigan State Police ICHAT and Sex Offender Registry Clearance Check (MSOR & NSOR) b. U.S. HHS Medicare/Medicaid Exclusion List (OIG) c. System for Award Management (SAM) d. General Service Administration (GSA) e. Michigan Department of Health and Human Services (MDHHS) sanctioned provider list f. Fingerprint g. Law Enforcement Information Network (LEIN) B. Michigan State Police ICHAT and Sex Offender Registry Clearance Check Requirements: As a condition of continued employment or assignment, every employee, board member, independent contractor, student and volunteer shall notify Human Resources the following day upon being arrested for or convicted of any criminal offenses. (f)1. New Hires: a. Effective May 1, 2005, CMHA-CEI all newly

hired employees are required to undergo an ICHAT/MSOR/NSOR criminal background check as a condition of employment. i. New employees are required to sign a "Michigan State Police ICHAT & Sex Offender Clearance Check Form" affirming he/she does not have a conviction prohibiting employment, and understands he/she may be disciplined up to and including termination of employment if a conviction is found to disqualify them from further employment. ii. All employees shall remain free of disqualifying crimes throughout their employment with CMHA-CEI to remain qualified for their position. . . . . a. All members of the Board of PREA Coordinator/Directors shall undergo an ICHAT prior to starting their term. 3. Students and Volunteers: a. All students and volunteers shall undergo an ICHAT/MSOR/NSOR clearance check prior to starting their placement. i. The candidate shall sign a "Background Check Consent Form" affirming he/she does not have a conviction prohibiting placement, and understands his/her services may not be utilized if the report finds otherwise. ii. All students and volunteers shall undergo a biennial ICHAT/MSOR/NSOR background check. 4. Ongoing Background Checks: a. Effective January 1, 2018, all staff and board members will be required to undergo a biennial ICHAT/MSOR/NSOR background check in addition to any/all other program specific required background checks. i. Employees and board members shall sign a "Background Check Consent Authorization" or Michigan Long Term Care Background Check Consent form if he/ she has not already signed a form upon hire affirming he/she does not have a conviction prohibiting employment, and understands he/she may be disciplined up to and including termination of employment if a conviction is found to disqualify them from further employment. Law Enforcement Information Network (LEIN) Check: All CMHA-CEI employees and students working under the Substance Abuse Services program in the House of Commons (HOC) unit shall undergo a Law Enforcement Information Network (LEIN) Check through the Michigan Department of Corrections (MDOC) in accordance with the State of Michigan, MDOC contract.

Community Mental Health (Clinton Eaton and Ingham) Hiring Process Procedure, 2.1.08C

All candidates are fingerprinted, background checks MSP ICHAT, Sex Offender Registry Clearance Check, and National Sex Offender Registry check. Criminal background check every 2 years.

#### 8.5.34 ITRS; House of Comms; Adequate Staffing

HOC shall not knowingly hire a new employee, promote an existing employee, or enlist the services of any contractor who may have contact with residents who: . Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. (a)

Incidents of sexual harassment will also be considered. (b)

Has been convicted of, or civilly or administratively adjudicated of, engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

All applicants shall be asked about previous misconduct noted in section C above in the application process and again at interview. Omissions regarding such conduct, or the provision of materially false information, shall be grounds for termination (g). Employees have an ongoing affirmative duty to disclose any such conduct.

The Human Resources Manager will insure the background investigation and results of the

criminal history checks are included in the employee's personnel file.

All prior institutional employers shall be contacted for information on substantiated allegations of sexual abuse consistent with federal, state and local law. (c) Upon receiving a request from an institutional employer, unless prohibited by law, HOC shall provide this information to the potential employer. (h)

Employees have an ongoing duty to report any criminal arrests, sanctions or charges. (c)

Evidence reviewed/analyzed by provision:

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

The auditor interviewed the Human Resources Manager and was provided access to personnel records which were randomly requested. The review supported compliance with the standard provision requirements. He confirmed that all applicants are asked the required questions at the time of the application. Review of the application process confirmed that they are directly asked the following questions: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. They are additionally asked about prior sexual harassment and prior institutional experience. (recently updated). A background check is conducted as required based on the agency in which they contract (MDOC conducts Law Enforcement Information Network (LEIN) check - which is a national check).

Documentation demonstrating that this annual background check has been completed was provided to the auditor to review for new employees and status employees. These files demonstrated compliance with asking the applicant in

	<p>provision (a) and provision (b). They demonstrated that a background check was conducted (national level). He indicated that reference checks are conducted and would specifically be conducted on anyone who has prior institutional experience.</p> <p>(c)(g)The Human Resource Manager verified that all employees are aware they have a continuing duty to report and that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. This is noted in policy, the Employee Handbook and New Hire Orientation acknowledgements, documentation reviewed by the auditor.</p> <p>(e)The interview with the HR Director and review of randomly requested background checks demonstrated compliance with annual backgrounds (as required by the MDOC contract) and biennial background checks as required by policy, exceeding the standard provision requirements.</p> <p>(d) (e)Contractual employees are under escort or are employees of Community Mental Health and receive background checks as required in accordance with the policy. The auditor found it credible that no contractual staff have contact with residents unescorted; they do not provide services to the residents.</p> <p>(h)As confirmed by this interview, the agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, with a signed release. Otherwise, they would inform a caller of date of hire, position, wages and release.</p> <p>Summary of evidence supporting a finding of compliance: As outlined above, the auditor received documentation regarding the hiring and promotional process and background checks which all demonstrated compliance. Policy supports the requirements of the standard. Staff were asked the questions in provision (a) upon hiring, promotion and annually. The application requires the candidate to sign certifying that information provided is true and false statements or omissions may result in not getting hired or terminated. Interviews with staff who hire and fire support that they would, with proper releases, provide information on former employees regarding substantiated allegations of sexual abuse. Therefore, the standard is deemed to be compliant.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> </ul>

- Preventative Maintenance Policy, 1.4.01
- Diagram of camera monitoring, current and upgrade plans
- Interview with the PREA Coordinator/Director
- Interview with the PCM/Program Supervisor
- Observations during the tour
- PAQ

The PAQ indicates there have been no substantial expansion or modification of existing facilities; there has been upgrades to the video monitoring system in 2022, and another upgrade scheduled for April 2024.

The following policy excerpts supports compliance with the requirements of this standard:

8.5.37 ITRS; House of Commons; Zero Tolerance & Sexual Safety Plan

When designing or acquiring a new facility, planning a substantial expansion or modification of an existing facility, or when installing or updating the video monitoring system or other monitoring technology, the effect such will have in protecting residents from sexual abuse shall be considered.

Preventative Maintenance Policy, 1.4.01 ensures ongoing monitoring, maintenance and repair of all facilities.

Evidence reviewed/analyzed by provision:

(a)(b)The interview with PREA Coordinator and PCM/Program Supervisor indicates that there have been no substantial modifications to the facility; there has been video monitoring upgrades. This facility currently has cameras that monitor specific security areas of the facility. The cameras are visible, and therefore the residents are aware of this monitoring. While the cameras deter some acting out and other behaviors, the upgrades do not violate a person's privacy or give any angle or view of private space (i.e., client rooms, shower, bathrooms or search rooms). Both confirm that upgrades are made with the consideration that they will enhance the facility's ability to deter sexual abuse.

Summary of evidence supporting a finding of compliance: Policy, interview with the PREA Coordinator /Director, PCM/Program Supervisor, video monitoring diagrams in addition to observations provided sufficient evidence for the auditor to support a finding of compliance.

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

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

- P8.5.37 ITRS; House of Commons; Zero Tolerance & Sexual Safety Plan
- 8.5.38 ITRS; House of Commons; Confidential Support Services; Sexual Safety Plan
- Interview with the PCM/Program Supervisor
- MOU with LACASA
- Review of Crime Victims Compensation
- Review of State of Michigan law
- Facility Response Plan
- Random staff interviews
- Letter to local police requesting the investigating agency agree to follow the requirements with response back of agreement

The PAQ indicates there have been no SANE/SAFE exam, no forensic medical examinations or examinations conducted by a qualified medical practitioner in response to a sexual abuse allegation. The auditor found no reason to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard:

**P8.5.37 ITRS; House of Commons; Zero Tolerance & Sexual Safety Plan**

Arrangements shall be made for the victim to go to the area hospital for medical examination and collection of evidence. All victims of sexual abuse will be referred for forensic medical exams performed by qualified medical examiners. (Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). Sparrow Hospital: SANE 24/7 on-call number is (517) 364-3931. If there is no answer listen to the message in its entirety to get the number of the charge nurse and then call that number with a referral. Do not leave a message.

**8.5.38 ITRS; House of Commons; Confidential Support Services; Sexual Safety Plan**

HOC staff shall make available and/or provide referrals to a victim advocate to accompany the

victim through the forensic medical exam process and investigatory interviews as well as

provide emotional support, crisis intervention, information, and referrals.

### 3.3.14, Abuse, Neglect, or Mistreatment of Recipients

The CMHA-CEI Network and providers shall provide a responsive system of reporting and accountability for safeguarding recipients from abuse, neglect, or mistreatment. This includes immediate reporting of suspected abuse or neglect to the Recipient Rights Office, the immediate reporting of suspected criminal abuse to law enforcement, and reporting to Michigan Department of Human Services protective services and Adult Foster Care licensing, as appropriate.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e)

As stated, policy supports that an investigation will be conducted immediately regarding any allegations of sexual abuse or sexual harassment. HOC staff shall ensure a victim advocate is available to accompany the victim. This was confirmed by the interviews with the PREA Coordinator/Director, PCM/Program Supervisor and random staff interviews. For allegations of sexual abuse, the police will be contacted as well as immediate notification to the PCM/Program Supervisor.

For allegations of sexual assault, victims will be escorted to a local hospital if within the timeframe for collection of evidence, who provides SANE examination services. The auditor contacted this hospital and their SANE program and confirmed that all potential victims will be offered an exam. Examiners are registered nurses certified through the completion of a course. The potential for usable evidence is collected up to 120 hours after the offense; the exam and services are free of charge. Qualified sexual advocates will be offered to the victim. A list of these qualified agencies was provided to the auditor. Services provided include counseling, advocacy, and legal services for survivors of sexual assault. These services are available twenty-four hours a day/seven days a week. The auditor confirmed that the exam is covered by insurance or if not covered or the person does not have insurance, the exam is free.

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

(f) The facility wrote to the local police requesting the investigating agency agree to follow the requirements of this standard and provisions and received a response

	<p>back noting agreement.</p> <p>Summary of evidence supporting a finding of compliance: Policy supports all aspects of the requirement of this standard. Interviews with administrative staff support a finding of compliance as they reflected that the police will be used to conduct the investigation, a forensic exam will be conducted, SANE exam, and the exam will be provided free of costs, the agency has written to the local police requesting they follow the requirements of paragraphs (a) through (e) of this section, and the agreement LACSSA confirming that this organization will provide support services to survivors of sexual assault upon referrals from House of Commons.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· 3.6.01, Recipient Rights</li> <li>· Interview with the PREA Coordinator/Director</li> <li>· Community Mental Health Authority of Clinton, Eaton, and Ingham Counties - Prison Rape Elimination Act (PREA) (ceicmh.org)</li> <li>· PAQ</li> </ul> <p>The PAQ indicates there have been no allegations of sexual abuse and/or sexual harassment during the audit review period, no referrals for criminal investigation. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</p> <p>Investigation</p> <p>1. Consistent with CMHA-CEI 3.3.14, Abuse, Neglect, or Mistreatment of Recipients a reported incident of sexual assault or sexual harassment must be investigated. The</p>

nature of such incidents requires staff to treat the information gathered in the investigation in a sensitive and confidential manner.

2. Upon learning of a sexual assault staff will immediately contact the Program Coordinator

and will be given direction on calling local law enforcement personnel. The Program Director shall be contacted by the Program Coordinator.

3. All allegations of sexual abuse and sexual harassment will be investigated. Two staff have been designated to address all administrative investigations; one investigator for allegations regarding residents and one investigator for allegations regarding staff.

4. HOC shall ensure all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be directed to the designated investigators.

5. The Program Coordinator will ensure ongoing assistance, cooperation and coordination with authorities, medical/mental health practitioners and probation/parole and shall remain informed about the process of the investigation.

6. Copies of all police reports and other official reports shall be reviewed by the CEO, the Program Director and the Program Coordinator and included in the critical incident review. A copy of all reports shall be placed in the resident's file.

7. In assaults involving CRS residents, the Program Coordinator must forward a copy of all investigative reports regarding the assault to the CRS.

8. The departure of the alleged offender or victim from the employment or control of the facility shall not provide basis for terminating an investigation.

### 3.6.01, Recipient Rights

This is a 10-page policy providing details regarding protecting the rights of the clients, to include abuse, harassment and retaliation. It ensures an investigation of all allegations relating to a recipient's right.

Evidence reviewed/analyzed by provision:

(a)(b)(c)

Policy as illustrated, supports the requirements of the provisions. The interview with the PREA Coordinator/Director confirmed that all allegations of sexual abuse and sexual harassment will be reported and investigated by the police, or two designated investigations (one for resident-on-resident allegations, one for staff-on-resident investigations).

The auditor reviewed the facility website; the policy, P8.5.37 ITRS; House of Commons; Zero Tolerance & Sexual Safety Plan, which describes the investigation process, responsibilities of the facility and the investigating entity, is available for

	<p>review.</p> <p>Summary of evidence supporting a finding of compliance: As stated, policy supports that an investigation will be conducted immediately regarding any allegations of sexual abuse or sexual harassment. It confirms that sexually assaultive behavior will be reported to the police. Review of the is process was confirmed by the interviews with the PREA Coordinator/Director. It was confirmed to the auditor by all staff interviewed that all allegations, even suspicions would be investigated. During the audit process, the auditor found no evidence of any allegation that was not addressed immediately. Based on this, the auditor found sufficient evidence to support a finding of compliance with this standard.</p>
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<b>115.231</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.41 ITRS; House of Commons; Sexual Safety Training</li> <li>· Training curriculum</li> <li>· Training tracking spreadsheet</li> <li>· Training records</li> <li>· Full training attestation</li> <li>· Interview with the training coordinator</li> <li>· Interviews with random staff</li> <li>· FAQ October 2014</li> <li>· PAQ</li> </ul> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>8.5.41 ITRS; House of Commons; Sexual Safety Training</p> <p>Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC) staff that have contact with residents will receive training on HOC's Sexual Safety Plan as part of new employee orientation and annual update training.</p>

Guideline:

A. The training curriculum for all staff who may have contact with residents shall cover the

following areas:

1. HOC's Zero-Tolerance Policy for sexual abuse and sexual harassment;
2. How to fulfill responsibilities under sexual abuse and sexual harassment policies and operating guidelines;
3. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement;
6. The common reactions of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

C. Training will be documented through employee signature, Relias (CMHA-CEI's learning management system) or electronic verification.

Evidence reviewed/analyzed by provision:

(a)(b)The auditor interviewed the Training Coordinator who discussed the process for three phases of training to include new employee orientation. She confirmed the training will be provided annually. The auditor reviewed the training curriculum. The full training is a 147-slide presentation provided in three units. It addresses the

	<p>following:</p> <p>Unit 1: Overview of the law and your role, mandatory reporting, the audit process, organizational culture (27 slides)</p> <p>Unit 2: Residents Rights to be free from sexual abuse and sexual harassment, to include right to be free from retaliation (staff and residents), protection from retaliation, definitions of sexual abuse (resident on resident or staff, contractor or volunteer on resident), definitions of sexual harassment, sexual abuse in confinement, prevention and detection, response and reporting, policy review, dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; professional boundaries, effective and professional communication with Residents. (108 slides)</p> <p>Unit 3 Effective and Professional Communication with Residents to include gay, bi-sexual transgender, intersex or gender nonconforming residents, key terms, respect (18 slides).</p> <p>This facility only houses male residents. Training is tailored to that gender.</p> <p>(c)(d)The auditor received documentation to support that all staff have been trained who work at this facility. This included training certificates (21 total for phase 1) and a training excel spreadsheet tracking. Additionally, the facility provided a training attestation for staff trained. It indicates by signature that the staff has completed the full training and understand the material presented. All staff interviewed confirmed they have received this training. This facility houses male residents. No staff would transfer from another facility. The PREA Coordinator indicated that staff receive this training before working alone with the residents. Policy supports this. Accordingly, this supports compliance with the clarification in the most recent FAQ, indicating that staff will not have unsupervised contact with residents until they have received this training. Training, by policy is conducted annually, exceeding the standards. The interview with the PREA Coordinator indicated they still plan to provide refresher training for current topics related to this law. All random staff interviews confirmed to the auditor their knowledge and receipt of this training.</p> <p>Summary of evidence supporting a finding of compliance: Policy, review of training curriculum, review of training records, and interviews with staff all provided ample evidence to support a finding of compliance with all provisions of this standard. The training made it evident to the auditor that the facility's goal is to promote a culture of safety. Due to the annual training, the auditor finds the facility exceeds the standard requirements.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

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

- 8.5.40 ITRS; House of Commons; Sexual Safety Training Volunteers/Interns/Contractors
- Specialized training for Volunteers
- Training tracking spreadsheets for staff with minimal contact (grounds maintenance, fire inspector, service technicians, etc.)
- Volunteer/Contractor Attestation form
- PAQ

The PAQ states there are thirty-seven (37) contractors/volunteers who may have contact with residents who were trained on the PREA requirements.

The following policy excerpts supports compliance with the requirements of this standard:

8.5.40 ITRS; House of Commons; Sexual Safety Training Volunteers/Interns/Contractors

Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC) all volunteers, student interns and contract personnel shall receive formal orientation appropriate to their assignment and additional training as needed.

Evidence reviewed/analyzed by provision:

(a)(b)(c)PREA specialized training for volunteers addresses zero tolerance, responsibilities for preventing, detecting, reporting and responding to sexual misconduct, how to report instances of sexual misconduct (17 slides). The facility ensures that all staff who have contact with residents are trained in PREA requirements. This includes staff who provide services (maintenance, fire safety inspections, IT staff, and pest control staff) however they are not in the facility unescorted nor are they providing services to the residents. The auditor concludes that this exceeds the standard.

Summary of evidence supporting a finding of compliance: Policy, interviews with the PREA Coordinator, Volunteer/Intern/Contractor Form and review of all files provided sufficient evidence to support a finding of compliance with the provisions of the standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

- 8.5.47 ITRS; House of Commons; Reporting; Sexual Safety Plan
- 8.5.8 ITRS, HOC Intake, Assessment & Treatment Plan
- House of Commons Resident Handbook
- HOC Training & Education on Sexual Safety
- HOC Training & Education Resident acknowledgements (20 examples Nov, Dec, Jan, Feb)
- Random resident interviews
- Observations of posters
- Documentation of resident education (review of eleven files)

The PAQ indicates that 120 residents were admitted to the program and were given resident education at intake in the since August 2023 with the implementation of PREA requirements.

The following policy excerpts supports compliance with the requirements of this standard:

8.5.8 ITRS, HOC Intake, Assessment & Treatment Plan

This policy describes the intake process for residents.

8.5.47 ITRS; House of Commons; Reporting; Sexual Safety Plan

Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC) staff shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. HOC shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall publicly post information on how to report sexual abuse and sexual harassment on behalf of a resident. HOC shall notify the Program Coordinator or Program Director upon receiving an allegation that a resident was sexually abused while at the facility. II. Guideline: A. During intake/orientation, residents will be informed of ways to privately report sexual abuse and sexual harassment. Residents may report abuse or harassment directly to their therapist or any other staff person. Residents may also file a grievance. B. Residents shall be advised of at least one way to report

abuse or harassment to an outside public or private entity. The outside entity shall be able to receive and immediately forward resident reports of sexual abuse and sexual harassment to HOC officials. C. Staff shall accept reports made verbally, in writing, anonymously and from third parties. Verbal reports shall immediately be documented in an Incident Report and reported to the Program Coordinator. D. Staff can privately report sexual abuse and sexual harassment of residents to the Program Coordinator and Program Director or other members of the treatment team. Third parties may report abuse or harassment on behalf of a resident. Instructions for reporting abuse or harassment are on the HOC website and include contact information for the Prison Rape Elimination Act (PREA) Coordinator. F. HOC shall publicly post information at the facility on how to report sexual abuse and sexual harassment on behalf of a resident.

Evidence reviewed/analyzed by provision:

(a)(b)

The auditor reviewed the Resident Training & Education: Sexual Abuse/Harassment provided to residents in written form. It addresses the following:

- Zero tolerance of all forms of sexual abuse and sexual harassment
- Numerous methods on how to report which includes the policy and the probation/parole officer
- Confidential contact with outside support services
- Signature acknowledging receipt of written information

The signed documentation confirms the following additional information:

- Right to be free from sexual abuse, sexual harassment and retaliation
- Zero tolerance
- Resident discharge for participation in sexual abuse or sexual harassment
- Definitions of sexual abuse and sexual harassment
- Acknowledgement of the video presentation
- Outside reporting options
- Anonymous

It was reported that all residents will receive the same intake process even if they have been a resident at this treatment program before. It is conducted within minutes to hours upon arrival. It is conducted by Client Service Specialists (staff who hold a bachelor's degree). There are no resident officers at this facility.

The facility Resident Training & Education on Sexual Safety provides the following:

## PREA/SEXUAL SAFETY

The House of Commons has a zero tolerance policy towards all forms of sexual abuse and sexual harassment. All allegations of such conduct will be investigated. If you feel you have been a victim of sexual abuse and/or sexual harassment, report it immediately. There are several methods, both verbally or in writing, in which you can report sexual abuse or sexual harassment.

- Report to your therapist
- Report to any staff person
- Report to Program Coordinator/Program Director
- File a grievance
- Report it to your Probation/Parole Officer
- Report it directly to the police
- Report anonymously (unnamed) to LACASA Center at 866.522.2725

You have the right to be free from sexual abuse and sexual harassment. Sexual safety is a priority. You have the right to be free from retaliation for reporting any incidents of sexual abuse and/or sexual harassment. All sexually abusive behavior within the program will be reported to law enforcement for investigation and potential prosecution.

(c)See comments to 115.216.

(d)Documentation of this training was provided for all residents currently housed at the facility. All documentation demonstrated compliance with signatures acknowledging the information. All the resident interviews (ten total out of seventeen housed at the time of the audit) supported that they were educated on their rights to be free from sexual abuse and sexual harassment and they were aware they should not have to experience retaliation for doing so. And, they are informed of the many methods available to them for reporting. Most knew they could report anonymously. Three of the ten interviewed did not. This information was added to the PREA Education materials, as reflected above. .

(e)Information educating the residents on their right to be free of sexual abuse and sexual harassment and the zero-tolerance policy were visible in the facility at areas where residents are likely to congregate. There are three large posters educating residents on PREA that include the following information: zero tolerance, how to report (including phone numbers), survivor support services. These posters are located in food service, group room, hallway by offices, living areas, by phones accessible for resident use).They are approximately 2 feet by 3 feet in size, white with large black font, with orange headers). They are eye level or slightly lower and would afford a wheelchair bound resident the ability to read them and obtain information. They are in Spanish and English.

	<p>Summary of evidence supporting a finding of compliance: Based on the policy, review of resident files acknowledging receipt of orientation materials, observation of the posters and the resident interviews that confirmed the intake process, their knowledge of their rights, and the posters, the auditor finds that the facility does educate all residents who enter the facility on the topics required, in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills (see 115.216) and provides key information which is continuously and readily available or visible to residents through posters and pamphlets.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· Qualifications and Training for Recipient Rights Staff Policy 3.6.03</li> <li>· Interview with the PREA Coordinator/Director</li> <li>· Interview with Investigators (Clinical Services Supervisor and Recipient Rights Coordinator).</li> <li>· Documentation of training to conduct investigations in confinement (NIC)</li> <li>· PAQ</li> </ul> <p>The PAQ indicates that this facility does have two trained investigators who conduct administrative investigations of sexual abuse. However, criminal investigations of sexual abuse will be investigated by the police.</p> <p>Evidence reviewed/analyzed by provision:</p> <p>The following policy excerpt supports compliance with the requirements of this standard:</p> <p>Qualifications and Training for Recipient Rights Staff Policy 3.6.03 confirms that the person must successfully complete a detailed training program to qualify for this position in addition to continuing education.</p> <p>(a)(b)(c)NIC training: The auditor reviewed the training program and confirmed that it addressed the following: legal issues, agency culture, trauma and victim responses, medical/mental healthcare, first response and evidence collection, interviewing techniques, report writing, Miranda/Garrity and prosecutorial collaboration. Documentation of completion of this training by the two designated</p>

	<p>investigators, along with verification of regular PREA training was sent to the auditor.</p> <p>(d) Not applicable to this operation.</p> <p>As indicated two staff are trained to conduct sexual abuse allegations who have completed the NIC training. However, it is likely that all allegations of sexual abuse will be reported to the police. In the event that the police opt not to investigate, these investigators will conduct the administrative investigation. One is designated for allegations of resident-on-resident sexual abuse and sexual harassment. This person is the Clinical Services Supervisor. The other is designated to investigate staff-on-resident allegations of sexual abuse and sexual harassment. This person functions as the Recipient Rights Coordinator for the agency and has significant experience with conducting investigations. Completed investigations were made available to the auditor for incidents prior to the implementation of the PREA standards.</p> <p>Summary of evidence supporting a finding of compliance: The auditor concluded that the agency does not conduct investigations into sexual abuse; they are all referred to the local police department. However, if a sexual abuse case does not warrant a criminal investigation, but an administrative investigation, two staff are appropriately trained to conduct the investigation and review the administrative findings of criminal investigations for appropriate conclusions.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· 8.5.41 ITRS; House of Commons; Sexual Safety Training</li> <li>· Interview with PREA Coordinator/ Program Manager</li> <li>· Interview with mental health staff</li> <li>· Training curriculum for mental health staff/regular PREA training</li> <li>· Documentation of training for mental health</li> <li>· PAQ</li> </ul>

According to the PAQ, the facility/agency does employ fifteen mental health staff. One hundred percent (100%) have received the training.

The following policy excerpts supports compliance with the requirements of this standard:

8.5.41 ITRS; House of Commons; Sexual Safety Training

In addition to the training for all staff, mental health and medical staff who work regularly in facilities shall be trained in:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and whom to report allegations or suspicions of sexual abuse and sexual harassment.

Evidence reviewed/analyzed by provision:

(a)The auditor reviewed the regular training curriculum. Within the regular PREA training are slides specifically related to 1.How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4. How and whom to report allegations or suspicions of sexual abuse and sexual harassment, utilizing the National Commission on Correctional Health Care (NCCHC) as a resource for this information.

(b)This provision is not applicable to this facility.

(c)(d) All medical and mental health staff receive the PREA training annually which includes the four areas required for specialized training. All interviews with mental health staff confirmed completion of and knowledge of the training they received, including these four topics. Documentation was provided that demonstrated that mental health staff and medical staff complete the regular PREA training and specialized training for medical and mental health staff, which is embedded in the PREA training. The interview mental health staff on site provided the auditor with confidence that staff are knowledgeable and trained regarding (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Summary of evidence supporting a finding of compliance: Based on the evidence outlined above, the auditor found sufficient evidence to support a finding of compliance.

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

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

- P8.5.37 ITRS; House of Commons; Zero Tolerance & Sexual Safety Plan
- 8.5.39 ITRS; House of Commons; Screening; Sexual Safety Plan
- Risk Assessment form
- Risk Assessment 30 day review form
- Review of completed risk assessment forms randomly requested
- Interviews staff who perform risk screens
- Interview random residents
- Interview PREA Coordinator/Director
- PAQ
- FAQ

The PAQ indicates that thirty-four (34) residents have been screened for the risk of sexual victimization or sexual abuse, ten stayed past 30 days and were reassessed. This reflects the number of those who were admitted since January 2024 when the program was implemented.

The following policy excerpts supports compliance with the requirements of this standard:

8.5.39 ITRS; House of Commons; Screening; Sexual Safety Plan

All newly admitted residents or residents transferred from another facility shall be assessed for their risk of being sexually abused by other residents or being sexually abusive toward other residents, using an objective screening instrument within 72 hours of arrival at the facility. Information from the screening shall be used to inform bed and program assignments.

The Program Coordinator shall review referral documents and gather information from the referral source to assist in screening for risk of sexual victimization or being sexually abusive. This information will be documented in service/contact note in the Electronic Health Record (EHR), SmartCare, where applicable. 1. Information gathered regarding screening for risk of sexual victimization includes: a. Whether the resident has been previously incarcerated. b. Whether the resident's criminal history is exclusively nonviolent. c. Whether the resident has prior convictions for sex offenses against an adult or a child. 2. Information gathered regarding screening for risk of being sexually abusive includes: a. Prior acts of sexual abuse. b. Prior convictions for violent offenses. c. History of prior institutional violence or sexual

abuse. B. Within 72 hours of admission, the mental health therapist shall review the Program Coordinator's referral notes, if applicable, and complete the sexual safety screening. The screening shall consider the following elements of risk of sexual victimization: 1. Whether the resident has a mental, physical, or developmental disability. \*\* 2. The age of the resident. 3. The physical build of the resident. 4. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. \*\*5. Whether the resident has previously experienced sexual victimization. \*\* 6. The resident's own perception of vulnerability. \*\* \*\*Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked in 1, 4, 5, or 6. C. The information from the screening shall be reviewed and used to make an individualized determination about how to ensure the safety of each resident. The mental health therapist may consult with the Program Coordinator and/or the Program Director when determining appropriate program assignment. The assessment/risk review shall be documented in service a note in the EHR, SmartCare. D. The screening form shall be placed in the confidential client file. Information obtained through the referral and screening process shall only be shared/disseminated on an as needed basis. E. Within 30 days of the resident's arrival at the facility, the mental health therapist will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received since the initial screening. A resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. This reassessment will be documented in the EHR, SmartCare.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)A PREA Screening for risk of Victim Vulnerability/Abusiveness has been developed. It addresses the following to ascertain risk for sexual victimization:

1. Identify as lesbian, gay or bisexual, gender non-conforming, transgender or intersex
2. Screeners perception of gay, lesbian or bisexual
3. Physical/developmental disability or mental illness
4. Prior conviction or sex offenses against an adult or child
5. Criminal history exclusively nonviolent
6. Previous incarceration
7. Survivor of sexual assault in a correctional setting and/or in confinement?
8. Age
9. Expresses concern regarding vulnerability

An objective assessment is scored based on affirmative responses to the questions.

(e)Criteria used to determine potential aggressive/abusive indicators include the following: prior acts of sexual abuse, prior convictions for violent behavior, history of prior institutional violence or sexual abuse. An objective assessment is scored based on affirmative responses to the questions.

(f)A 30-day review is included on the form which ensures that the resident is consulted to assess if they have any additional information or changes to the information they provided.

(h)(i)Policy reflects that the information is sensitive and maintained in the confidential mental health treatment file. The interview with the staff that completes this risk assessment confirmed compliance with the risk screening process, privacy of the process and understanding that residents have the right to not answer some questions. Resident interviews confirmed they are asked privately and verbally and did not believe they would be disciplined for not answering. This supports compliance with the FAQ issued October 2016. The instructions for the screen indicate that a subjective opinion is to be made if the screener believed the resident represents as gay, bi-sexual or effeminate; comments of this subjective opinion would be entered. This supports compliance with the FAQ issued October 2016. Policy supports that residents will not be disciplined for not answering the questions pertaining to (1) Whether the resident has a mental, physical, or developmental disability; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming. The auditor viewed the area where the resident confidential files are stored and confirmed it is secure. Additionally, staff who conduct the risk assessment and the PREA Coordinator (PREA Manager) confirmed that only staff who conduct the risk assessment (resident monitors, house managers, mental health staff and the Program Manager) would access these files. Any other requests would be evaluated to determine if the information is needed based on the request.

To further support compliance, the auditor reviewed risk assessments for residents currently housed at the operation to assess that they were appropriately screened, and a determination of abusiveness risk for sexual abuse or vulnerability was made. All demonstrate compliance; the risk assessment addresses the required questions as based on the standard; no additional information is added for this assessment other than what the standard requires. The assessment of victim or predator is computed by the screener with the Program's Supervisor review to ensure consistent application. Review of the documentation indicated that a re-review in person within thirty days of arrival was conducted. Random resident interviews confirmed this to the auditor as well. This supports compliance with the FAQ issued in August 2019.

Summary of evidence supporting a finding of compliance: In making a conclusion of compliance, the auditor analyzed the policy, analyzed the risk assessment, reviewed the resident interview responses, responses from the interview with staff who conduct the risk assessment, review of requested risk assessment screenings, and the interview with the PREA Coordinator. The auditor observed that the information is written format and a copy is maintained in the resident file which is securely stored in the Program Manager's office under a triple lock system. Policy

	and practice support all aspects of the standard provisions, including the FAQs issued by the Department of Justice. Therefore, the auditor found ample evidence to support a finding of compliance.
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· Observations facility tour - housing/living conditions</li> <li>· Interviews PREA Coordinator</li> <li>· Interview with staff who conduct Risk screens</li> </ul> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>8.5.39 ITRS; House of Commons; Screening; Sexual Safety Plan</p> <p>Decisions regarding housing and programming for transgender or intersex residents shall be considered on a case by case basis to ensure the health and safety of the resident and determining whether the placement would present management or security problems. A transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. G. Lesbian, gay, bisexual, transgender, or intersex residents are not placed in dedicated bunks solely on the basis of such identification or status. H. Mental health therapist, Program Coordinator and other staff as deemed appropriate, shall complete training in the completion, use and application of the intake screening.</p> <p>Evidence reviewed/analyzed by provision:</p> <p>(a)(b)Due to the small size of the operation, placement of residents is made on a case-by-case determination to decide who would be compatible with other residents and who would be better housed closer to the operations area of the facility. All group program areas are in the vicinity of direct staff supervision in addition to the staff conducting the group, and camera monitoring. In addition, if concerns arise, residents can be moved to another bed assignment. The facility reports on the day of the audit there were no potentially vulnerable residents and no residents deemed potentially sexually abusive. The auditor found this information credible.</p>

	<p>(c)(d)(e)At the time of the audit, it was reported that there were no transgender/intersex residents housed at this operation. The auditor found this credible based on formal and informal conversations. Staff interviews all ensured that they would allow a transgender/intersex resident to have a private shower time (although showers are individual stalls with appropriate length of curtains) and they would be placed where they were the most comfortable, to include placement at another operation based on the interview. Anecdotal information provided to the auditor about a previous resident who identified as transgender female confirmed this process as the information was consistent with various staff.</p> <p>(f) The agency/facility shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, This was found credible due to audit activities to include interviews and observations.</p> <p>Summary of evidence supporting a finding of compliance: The auditor concluded the facility is compliant with the standard based on review of the policy, observations made during the on-site audit, and interviews with residents and staff. The overall culture presented by staff is to ensure the success of the resident. As such, the views and concerns are taken seriously. The auditor concludes that the agency, nor this facility places lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status. There is no consent decree, legal settlement, or legal judgment in place requiring this. The auditor finds there is sufficient evidence to support a finding of compliance with all the provisions.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· 8.5.47 ITRS; House of Commons; Reporting; Sexual Safety Plan</li> <li>· Zero Tolerance Poster</li> <li>· Resident Education</li> <li>· MOU with LACASA</li> <li>· Interview with LACASA advocate</li> <li>· Interview with Recipient Rights</li> </ul>

- Interviews with residents
- Interview random staff
- FAQ

The following policy excerpts supports compliance with the requirements of this standard:

8.5.37 ITRS; House of Commons; Security, Zero Tolerance & Sexual Safety Plan states, HOC shall ensure all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be directed to the designated investigators.

8.5.47 ITRS; House of Commons; Reporting; Sexual Safety Plan

Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC) staff shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. HOC shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall publicly post information on how to report sexual abuse and sexual harassment on behalf of a resident. HOC shall notify the Program Coordinator or Program Director upon receiving an allegation that a resident was sexually abused while at the facility. II. Guideline: A. During intake/orientation, residents will be informed of ways to privately report sexual abuse and sexual harassment. Residents may report abuse or harassment directly to their therapist or any other staff person. Residents may also file a grievance. B. Residents shall be advised of at least one way to report abuse or harassment to an outside public or private entity. The outside entity shall be able to receive and immediately forward resident reports of sexual abuse and sexual harassment to HOC officials. C. Staff shall accept reports made verbally, in writing, anonymously and from third parties. Verbal reports shall immediately be documented in an Incident Report and reported to the Program Coordinator. D. Staff can privately report sexual abuse and sexual harassment of residents to the Program Coordinator and Program Director or other members of the treatment team. E. Third parties may report abuse or harassment on behalf of a resident. Instructions for reporting abuse or harassment are on the HOC website and include contact information for the Prison Rape Elimination Act (PREA) Coordinator. F. HOC shall publicly post information at the facility on how to report sexual abuse and sexual harassment on behalf of a resident.

The facility Resident Training & Education on Sexual Safety provides the following:

#### PREA/SEXUAL SAFETY

The House of Commons has a zero tolerance policy towards all forms of sexual abuse and sexual harassment. All allegations of such conduct will be investigated. If

you feel you have been a victim of sexual abuse and/or sexual harassment, report it immediately. There are several methods, both verbally or in writing, in which you can report sexual abuse or sexual harassment.

- Report to your therapist
- Report to any staff person
- Report to Program Coordinator/Program Director
- File a grievance
- Report it to your Probation/Parole Officer
- Report it directly to the police
- Report anonymously (unnamed) to LACASA Center at 866.522.2725

You have the right to be free from sexual abuse and sexual harassment. Sexual safety is a priority. You have the right to be free from retaliation for reporting any incidents of sexual abuse and/or sexual harassment. All sexually abusive behavior within the program will be reported to law enforcement for investigation and potential prosecution.

Evidence reviewed/analyzed by provision:

(a)(b)

The Zero Tolerance Poster, provides information including phone numbers that residents can call Ingham County Central dispatch, report to any staff, contractor or volunteer, submit a grievance, report via email, tell family, friend legal counsel, or anyone else outside the facility giving email and phone number, and that they can report the same way on behalf of another resident. Currently, residents are able to use facility phones that do not require signing up, permission or payment for these phones. They are not monitored or recorded. When asked, residents ensured the auditor they can access a phone when needed. Most indicated they would report to staff, informing the auditor that they believed that staff would handle the information responsibly. Most of the interviews supported that they are aware of the options available to them for reporting, including calling the local police directly if they believed the situation warranted this, or their probation/parole agent who would allow them to remain anonymous. The auditor was assured when conducting another audit in this state that all probation/parole officers are required to forward any reports received, including if the resident remains anonymous. The auditor interviewed the advocate from LACASA who indicated that she too can accept anonymous allegations and report them on behalf of the resident, immediately after clear dialogue of their wishes (consent) to remain anonymous and to report on their behalf. This has been added to the MOU with this organization.

(c)(d)

Staff interviews confirmed to the auditor that they're aware they must accept all

	<p>reports to include third party and anonymous complaints. Staff assured the auditor that they could report to whomever they were comfortable with, privately, including the police.</p> <p>Summary of evidence supporting a finding of compliance: Review of the policy, interviews with the residents and staff gave the auditor sufficient evidence to support a finding of compliance.</p>
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115.252	Exhaustion of administrative remedies
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.47 ITRS; House of Commons; Reporting; Sexual Safety Plan</li> <li>· Interview PREA Coordinator/Director</li> <li>· Complaint Form (Grievance/Appeal) provided at intake</li> <li>· Recipient Rights Complaint Form</li> <li>· Review of posters providing PREA information regarding sexual abuse grievances (Zero Tolerance poster)</li> <li>· Interview with the PCM/Program Supervisor</li> <li>· Testing of Recipient Rights phone number</li> <li>· PAQ</li> </ul> <p>The PAQ indicated the following:</p> <p>zero grievances regarding sexual abuse</p> <p>zero emergency grievances</p> <p>zero grievances written in bad faith</p> <p>zero third party grievances.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>8.5.47 ITRS; House of Commons; Reporting; Sexual Safety Plan</p> <p>The agency reserves the right to discipline a resident for filing a grievance related to</p>

alleged sexual abuse only where it was demonstrated that the resident filed the grievance in bad faith. I. Exhaustion of Administrative Remedies: Grievances Regarding Sexual Abuse (For the purposes of PREA) 1. Whenever possible, response to grievances alleging sexual abuse shall follow the CMHA-CEI 3.6.01 Recipient Rights procedure. Should results of a pending criminal investigation impede the ability to respond within the above time lines, the following shall apply: a. A final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents preparing any administrative appeal. b. An extension of time to respond of up to 70 days may be claimed should the normal time period be insufficient to make an appropriate decision. The resident shall be notified of such in writing and be provided with a date by which a decision will be made. c. At any level of the administrative process, if the resident does not receive a response within the time allotted for reply, the resident may consider the absence of a response to be a denial at that level. d. Third parties shall be permitted to assist residents in filing request for administrative remedies relating to allegations of sexual abuse and shall be permitted to file such requests on behalf of a resident. If a third party files such a request, HOC 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 require the alleged victim to personally pursue any subsequent steps. If the resident declines to have the request processed on their behalf, the resident's decision shall be documented. Evaluation 1. The Program Director/ CMHA-CEI Chief Executive Officer (CEO) shall require each facility to track and provide data as to the number, type and result of all grievances. 2. The Program Director/CEO shall review and analyze the data annually and, if necessary, amend the grievance procedure to ensure efficiency and effectiveness. The review shall occur in April of each year in conjunction with the annual review of HOC operating guidelines.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e)(f)(g)

Policy addresses all provisions of the standard. Since the implementation of the PREA standards, there have been no grievances filed by a resident at this facility alleging sexual abuse, sexual harassment, staff neglect or retaliation. The auditor found no reason to dispute this during the audit process. The recipient rights coordinator functions as the grievance coordinator for residents. Grievances can be related to their status as a probationer, parolee or a voluntary admittance into the program. Grievances would be administratively handled differently based on this status. The interview with the PCM/Program Supervisor demonstrated the process for filing a grievance, or recipient rights complaint. These forms are provided to the residents at intake. The auditor tested access to the Recipient Rights phone number and was able to communicate with staff. It was additionally confirmed that the resident can remain anonymous for this complaint process.

Summary of evidence supporting a finding of compliance: Review of the policies, posters providing resident specific information on how to file a grievance, testing of access to the Recipient Rights phone number, and interviews with the PCM/Program

	supervisor, provided the auditor with sufficient evidence to support a finding of compliance.
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.38 ITRS; House of Commons; Confidential Support Services; Sexual Safety Plan</li> <li>· MOU with LACASA Center Sexual Assault Support</li> <li>· Interview with LACASA advocate</li> <li>· Zero Tolerance Poster</li> <li>· Interviews with residents</li> <li>· PREA Sexual Assault Awareness pamphlet</li> <li>· Observations</li> </ul> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>8.5.38 ITRS; House of Commons; Confidential Support Services; Sexual Safety Plan</p> <p>Purpose: Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC) residents shall be permitted access to outside victim advocates for confidential emotional support services related to sexual abuse. II. Guideline: A. Information including mailing addresses and telephone numbers, including tollfree hotlines for victim advocacy or rape crisis organizations shall be available to residents in the community resource guide. B. Residents shall be permitted confidential contact and communication with victim advocates and support services. C. HOC staff shall make available and/or provide referrals to a victim advocate to accompany the victim through the forensic medical exam process and investigatory interviews as well as provide emotional support, crisis intervention, information, and referrals.</p> <p>Evidence reviewed/analyzed by provision:</p> <p>(a) (b)Policy supports the requirement of the standards. As noted above, several options are available to the residents to obtain services. Information posted was visible informing residents of the services provided by the phone number. The</p>

phone number is available 24 hours a day, 7 days a week.

The phone number for the 24-hour crisis hotline is provided to the residents in the PREA brochure. It is toll free. There are additional phone numbers to Rape, Abuse, Incest, National Network (RAINN), Michigan Sexual Abuse Hotline in addition to the LACASA organization (with which the facility maintains an MOU for services). Many residents confirmed this to the auditor during their interview. Staff and residents both confirmed to the auditor that house phones are available for use upon request, free of charge, confidential and there is a private room that can be used to make the phone call. These phones are not monitored (confirmed by staff and residents). The address for this organization is available on the website; residents have access to a computer for use in the lobby area. The auditor concludes there is therefore access for reasonable communication to this service.

(c) As indicated, there is an MOU with the organization LACASA which provides a 24/7 hotline, free of charge, confidential. The agreement indicates LACASA will provide emotional support, crisis intervention and resources to help survivors on their pathway to safety; provide sexual assault counselors to assist with learning about trauma, identifying healthy coping mechanisms and building self-esteem, and provides all services free and confidential. The auditor tested the phone line or access to these services from the phone available to the residents. Access to the victim advocate was immediate. During the conversation, the advocate assured the auditor of the following: confidentiality is discussed and consent is provided before proceeding, counselors receive a minimum of two weeks of training before they are able to answer the phone, they receive periodic updates, and have access to translation services when the situation warrants.

Summary of evidence supporting a finding of compliance: The facility does provide access to outside victim support advocated for emotional support services by giving both a phone number and mailing address. There is a signed agreement with the organization to provide residents at this facility access to victim advocacy services. Residents are informed that it is confidential; additionally, they have the ability to use a phone with no restrictions or dialogue of why they wish to make a call. Therefore, they are provided reasonable communication. They are able to send mail without having to have a staff do it for them. Based on review and analysis of this evidence, the auditor finds there is sufficient basis for finding compliance with the provisions of this standard.

115.254	Third party reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The auditor gathered, analyzed and/or retained the following evidence related to this standard:

- 8.5.47 ITRS; House of Commons; Reporting; Sexual Safety Plan
- Interviews random residents
- Interviews with random staff
- Publicly distributed information on how to report resident sexual abuse or sexual harassment on behalf of residents – Community Mental Health Authority of Clinton, Eaton, and Ingham Counties - Prison Rape Elimination Act (PREA) (ceicmh.org)
- Testing of contact form for reporting from an outside information regarding PREA
- Observations

The PAQ indicates that information regarding how to file a third party complaint is posted on the facility website.

The facility website has the following information:

On September 4, 2003, President George W. Bush signed into law the Prison Rape Elimination Act (PREA) of 2003 (P.L. 108-79). The goal of PREA is to eradicate prisoner rape in all types of correctional facilities in this country. As a result of PREA, the Bureau of Justice Assistance (BJA) established the Protecting Inmates and Safeguarding Communities Program in Fiscal Year (FY) 2004

House of Commons is committed to supporting the full implementation of PREA with the goal of preventing, reducing and eliminating sexual misconduct, sexual harassment, and sexual abuse in community confinement facilities. This goal will be met by having a zero tolerance operating guideline for sexual misconduct, harassment, and abuse, educating clients and training staff regarding PREA, adopting effective PREA operating guidelines, providing safety from sexual misconduct, harassment, and abuse, support reporting of sexual misconduct, harassment, and abuse, investigate and report incidents of sexual misconduct, harassment, and abuse, provide medical and mental health interventions for victims of sexual misconduct, harassment, and abuse and meet compliance with the federal PREA auditing requirements.

Reporting: Please report any sexual safety concerns to the PREA Coordinator at [PREAreporting@ceicmh.org](mailto:PREAreporting@ceicmh.org) or 517 237-7231.

Additionally, the facility policy is available, and notices regarding the upcoming PREA audit.

The auditor tested the reporting email address and received response from four staff (PREA Coordinator/Director, PCM/Program Supervisor, Clinical Administrative Assistant and the Clinical Supervisor) all within hours of the email being sent.

Summary of evidence supporting a finding of compliance: Policy, facility website and random staff interviews all confirm that information is publicly posted regarding

	<p>how to report, and all staff are aware that they are to accept third party allegations. Interviews with residents mostly confirmed that they are aware they can report on behalf of another resident. The auditor tested the reporting line on the facility web site and received immediately feedback of its receipt.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· Interviews random staff</li> <li>· Interview with mental health staff</li> <li>· Interview with the PREA Coordinator/Director</li> <li>· Interview with investigators</li> </ul> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</p> <p>Detection/Reporting</p> <ol style="list-style-type: none"> <li>1. All staff shall continually observe and monitor residents for signs of sexually abusive or assaultive behavior. This includes, but is not limited to, unexplained injuries, changes in physical behavior due to injuries, changes in usual routine and/or abrupt personality changes.</li> <li>2. Staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported such an incident, and staff neglect or violation of responsibilities that may have</li> </ol>

contributed to an incident or retaliation to the Program Coordinator and document

observations in an incident report.

3. Apart from reporting to the Program Coordinator, staff shall not reveal any information

related to a sexual abuse report to anyone other than those designated by the Program

Coordinator.

4. All mental health practitioners are required to report sexual abuse as indicated in section

1 B above, unless precluded by law. The resident shall be informed at the initiation of

services of the practitioner's duty to report.

5. If the alleged victim is considered a vulnerable adult, HOC shall report the allegation to the appropriate state or local services agency under mandatory reporting laws.

6. Immediate action to protect the resident shall be taken should a resident be at substantial

risk of imminent sexual abuse.

Detection/Reporting:

HOC shall ensure all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports will be directed to the designated investigators.

Evidence reviewed/analyzed by provision:

(a)(b) Policy requires that staff report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, including retaliation. All staff interviewed confirmed they would report immediately any information they received of an allegation or incident of sexual abuse or sexual harassment, including suspicions, anonymous complaints, verbally, in writing, or third-party complaints. Staff stated these allegations/suspicions would be documented in an incident report in accordance with the policy. They all readily understood and confirmed confidentiality, as they practice this daily with the services they provide.

(c) Policy supports the requirement to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Mental Health staff conduct risk assessments and orientation

	<p>individually for every client when they arrive. Per the interview with mental health staff, consent, confidentiality and duty to report are discussed at this time. The auditor found this credible as this is standard operating practice for mental health treatment.</p> <p>(d)The age of majority is now 18 pursuant to the “Raise the Age” law in Michigan. Staff confirmed that the facility has not had any resident under the age of 18 housed at this program. The auditor found no reason to dispute this during the audit process. As confirmed by the interview with the PREA Coordinator/Director, any abuse involving someone who is protected by the Elder Abuse law in Michigan would be reported by the police conducting the investigation or CMH staff as this is a integral part of their operations. Staff at her organization could report as well by contacting the Michigan Department of Health &amp; Human Services (DHS), Adult Protective Services; Statewide 24-Hour Hotline: 855-444-3911. The facility reports there have not been any reports to designated State agency in accordance with mandatory reporting for those under 18 years old or those considered a vulnerable adult. The interview with the PREA Coordinator /Director confirmed she would ensure that if an allegation was regarding an elder as defined by state law, a report would be forwarded to the Elder Abuse hotline number.</p> <p>(e) Policy and interviews with all staff assured the auditor of awareness that all allegations are to be reporting, immediately with follow up in writing and referred to the investigators as deemed appropriate.</p> <p>Summary of evidence supporting a finding of compliance: Policy supports the requirements of the standard. Resident and staff interviews all confirmed to the auditor that if an allegation or suspicion is received, it will be immediately forwarded to the supervisor. Staff all confirmed they are aware of the requirement to maintain confidentiality. The PREA Coordinator/investigator confirmed that mandatory reporting to other agencies would occur.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· Interview PREA Coordinator/Director</li> <li>· Interviews with random staff</li> </ul> <p>The PAQ indicates there have been no instances in which a resident was subject to</p>

	<p>substantial risk of imminent sexual abuse. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</p> <p>Immediate action to protect the resident shall be taken should a resident be at substantial risk of imminent sexual abuse.</p> <p>Evidence reviewed/analyzed by provision:</p> <p>Interviews with all random staff confirmed that intervention would occur if a member of staff believed a resident was at imminent risk of sexual abuse, and this action would be supported by supervisors, management and administration. Interviews with the PREA Coordinator/Director supported that protective action would take place before abuse occurred. It was relayed to the auditor that they can reassign the resident to a different housing area or remove the potential threat to another treatment program.</p> <p>Summary of evidence supporting a finding of compliance: Policy supports the findings of the standard. Based on the interviews with staff, the auditor believes this facility has a culture of supporting all staff who, if they believe an incident is prevalent, they will take action to protect the resident.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.47 ITRS; House of Commons; Reporting; Sexual Safety Plan</li> <li>· Interview PREA Coordinator/Director</li> <li>· Form for Reporting to other agencies</li> <li>· Interviews</li> </ul> <p>The PAQ indicates there were no allegations received that resident was abused while confined at another facility, no allegations received from another facility. The auditor found this statistic credible.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p>

	<p>Upon receiving an allegation that a resident was sexually abused, while confined at another facility, the Program Coordinator shall notify the Program Director. Notification will be made as soon as possible, but no later than 72 hours after receiving the allegation. Notification shall be documented. In the event HOC is notified by another agency of an allegation that a resident was sexually abused while confined at a HOC facility, Program Coordinator shall ensure the allegation is investigated in accordance with policy.</p> <p>Evidence reviewed/analyzed by provision:</p> <p>(a)(b)(c)(d)</p> <p>The PAQ indicates that zero reports of sexual abuse/harassment have been received from another agency, zero notices have been sent during the past 12 months. Interviews with the PREA Coordinator and PCM gave the auditor sufficient assurance that all staff are aware of this requirement and that it would be acted upon immediately, well within the 72-hour requirement, in writing to the head of the facility, or would be immediately investigated if received from another agency. A form as been developed to ensure this notification is sent that addresses the requirements of the standard provisions.</p> <p>Summary of evidence supporting a finding of compliance: Policy supports compliance with the standard. Interviews with the PREA Coordinator/Director, review of the reporting form, the PAQ and observations provided the auditor with sufficient evidence to support a finding of compliance.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· Observations</li> <li>· Coordinated Response Plan for Sexual Assault</li> <li>· Training Curriculum</li> <li>· Interviews with random staff</li> <li>· Interviews with the PREA Coordinator/Director</li> <li>· Training curriculum</li> </ul>

- Response Cards

- PAQ

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

The following policy excerpts supports compliance with the requirements of this standard:

P8.5.37 ITRS; House of Commons; Zero Tolerance & Sexual Safety Plan

1. Upon learning of an allegation that a resident was sexually abused or if there is reason

to believe an assault may have CRS occurred, the first staff member to respond shall do the

following:

a. Separate the alleged victim and offender.

b. The staff shall immediately secure the location of the assault and not allow other staff or residents to enter the area. No evidence in the area should be touched or removed pending the arrival of law enforcement personnel.

c. With regard to the victim, the following process shall be carried out:

- The victim shall be continually observed and monitored;

- Staff should respond in a sensitive, supportive and non-judgmental fashion;

- If the abuse CRS occurred within a time period that allows for collection of physical

- evidence, the victim shall be asked not to shower, wash, brush their teeth, eat,

- drink, urinate, defecate, or change clothing until after they have been

- initially evaluated by a forensic medical examiner.

d. With regards to the alleged offender, the following process shall be carried out:

- Pending arrival of authorities, staff shall not alert the alleged offender of

- the investigation until the arrival of the authorities.

- Pending the arrival of authorities, staff shall not interrogate or question the

	<p>offender regarding the assault. Staff shall attempt to maintain the integrity of</p> <p>any evidence by not granting the offender permission to use toilet or bath</p> <p>facilities, change clothing, eat or drink if the abuse CRS occurred within a time period</p> <p>that allows for collection of physical evidence.</p> <p>Evidence reviewed/analyzed by provision:</p> <p>(a) Interviews with staff confirmed that they were fully trained and articulated the steps to take if a resident reported a sexual assault to them to include asking the victim to not shower, brush teeth use the restroom, drink or eat, change clothes, urinate, defecate or smoke and ensure the alleged perpetrator does not do these things. Staff responses additionally reported the process of separation, preserving the scene, calling the police and the Program Coordinator immediately, then completing an incident report. All staff are required and knowledgeable about the requirements to preserve evidence and the details of such; all staff are security staff. The role of First Responder is covered in detail in the Training Curriculum.</p> <p>(b) All staff are first responders; the facility does not employ staff who just provide supervision and security.</p> <p>Summary of evidence supporting a finding of compliance: Review of the policy, Response cards and staff interviews provided the auditor with sufficient evidence to support a finding of compliance.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan - Coordinated Response Plan</li> <li>· Training Curriculum</li> <li>· Random staff interviews</li> <li>· Response Cards</li> </ul> <p>The following policy excerpts supports compliance with the requirements of this</p>

standard:

C. Intervention

1. Upon learning of an allegation that a resident was sexually abused or if there is reason to believe an assault may have CRS occurred, the first staff member to respond shall do the following:

a. Separate the alleged victim and offender.

b. The staff shall immediately secure the location of the assault and not allow other staff or residents to enter the area. No evidence in the area should be touched or removed pending the arrival of law enforcement personnel.

c. With regard to the victim, the following process shall be carried out:

- The victim shall be continually observed and monitored;

- Staff should respond in a sensitive, supportive and non-judgmental fashion;

- If the abuse CRS occurred within a time period that allows for collection of physical evidence, the victim shall be asked not to shower, wash, brush their teeth, eat, drink, urinate, defecate, or change clothing until after they have been initially evaluated by a forensic medical examiner.

d. With regards to the alleged offender, the following process shall be carried out:

- Pending arrival of authorities, staff shall not alert the alleged offender of investigation until the arrival of the authorities.

- Pending the arrival of authorities, staff shall not interrogate or question the offender regarding the assault. Staff shall attempt to maintain the integrity of any evidence by not granting the offender permission to use toilet or bath facilities, change clothing, eat or drink if the abuse CRS occurred within a time period that allows for collection of physical evidence.

e. Immediately contact the Program Coordinator or Program PREA Coordinator/ Director and take action instructions from leadership. This may include moving the victim to a more secure/protective environment and contacting authorities to investigate the incident and/or take the offender into custody. Arrangements shall be made for the victim to go to the area hospital for medical examination and collection of evidence. All victims of sexual abuse will be referred for forensic medical exams performed by qualified medical examiners. (Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). Sparrow Hospital: SANE 24/7 on-call number is (517) 364-3931. If there is no answer listen to the message in its entirety to get the number of the charge nurse and then call that number with a referral. Do not leave a message.

f. Staff shall document the incident consistent with CMHA-CEI procedure 3.3.07, Incident Reporting. Documentation includes noting a SANE exam was offered, as

	<p>well as rape crisis information and any referrals to legal authorities.</p> <p>g. HOC shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation into an allegation. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff.</p> <p>h. The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>2. All victims of a sexual assault must be referred to the Program Coordinator. The Program Coordinator must meet with the victim within 24 hours of the assault becoming known to staff. If either the victim or offender are CRS residents, the Program Coordinator shall contact MDOC.</p> <p>3. Program PREA Coordinator/Director must be immediately notified of any sexually abusive or assaultive behavior involving an employee as either the victim or offender. Program PREA Coordinator/Director will contact appropriate agency personnel.</p> <p>As illustrated, the facility does have a coordinated plan that includes actions among staff first responders, medical and mental health, investigators and facility leadership. Staff interviews demonstrated knowledge of the response plan. An easily identifiable response card has been issued to all staff. It is a distinct color, pocket size, laminated; all staff had it readily available for their interview. Additionally, the auditor inquired about the complete plan embedded in the policy. It was verified that all staff have ready access to HOC policies on the intranet. Lastly, the coordinated response plan is addressed in detail in the Training Curriculum.</p> <p>Summary of evidence supporting a finding of compliance: Review of policy, the response plan and staff interviews confirmed that the facility has provided sufficient evidence to support a finding of compliance with the requirements of this standard.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· Interview with the Human Resources Manager</li> </ul>

	<ul style="list-style-type: none"> <li>· Review of contracts Office and Professional Employees International Union (OPEIU -five units)</li> </ul> <p>Evidence reviewed/analyzed by provision:</p> <p>(a)(b) The auditor received and reviewed five contracts from the OPEIU. None Prohibit the agency/facility from placing staff on a no contact assignment pending investigation based on allegations of sexual abuse. The interview with the HR Manager confirmed this.</p> <p>Summary of evidence to support a finding of compliance: Based on interviews and review of contracts, the auditor finds the facility to be in compliance with the provisions of this standard.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.42 ITRS; House of Commons; Protection Against Retaliation; Sexual Safety Plan</li> <li>· Observations:</li> <li>· Interview with the PREA Coordinator/Director</li> <li>· Interview with the PCM/Program Supervisor (designated staff member charged with monitoring for retaliation)</li> <li>· Retaliation Monitoring form - Staff</li> <li>· Retaliation Monitoring form - Residents</li> <li>· PAQ</li> </ul> <p>The PAQ indicates there have been no instances of retaliation. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>8.5.42 ITRS; House of Commons; Protection Against Retaliation; Sexual Safety Plan</p> <p>Purpose: Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC)</p>

residents and staff who report sexual abuse or sexual harassment or cooperate with investigations shall be protected from retaliation by other residents and/or staff. II. Guideline: A. The Program Coordinator or Program Director shall monitor for signs or reports of retaliation towards residents or staff. B. Protection against retaliation could include: 1. Bunk changes or transfers to another facility for victims or abusers; 2. Removal of alleged staff or resident abusers from contact with victims; 3. Emotional support services for residents or staff who fear retaliation. C. For at least 90 days following a report of sexual abuse, the Program Coordinator or Program Director shall monitor the conduct and treatment of residents or staff who reported the sexual abuse, and of residents who were reported to have suffered sexual abuse, and act promptly to remedy any instances of retaliation. D. Monitoring shall include reviewing resident disciplinary reports, progress reports and service notes, periodic resident status checks, a review of bunk or program changes, and negative performance reviews or reassignments of staff. Monitoring may extend beyond 90 days as needed. The obligation to monitor shall terminate if the allegation is determined to be unfounded. E. Monitoring shall be documented on the Sexual Abuse Retaliation Monitoring form. Upon completion, the form shall be placed in the resident's file with a copy forwarded to the PREA Coordinator. F. Appropriate measures will be taken to protect any other individual who expresses a fear of retaliation for cooperating in an investigation.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e)(f)

Policy addresses all requirements in the standard provisions. The agency uses a form to ensure proper documentation of protection from retaliation. The interview with the staff who would monitor retaliation at the facility (PCM) confirmed all requirements. The auditor was informed that he would anticipate periodic checks weekly, as they meet with residents weekly and the operation is small so checks with staff would be frequent as well). The established retaliation monitoring review forms (one for staff, one for residents) address the requirements of the provision.

Interviews with the PREA Coordinator/Director provided additional assurance that retaliation will not be tolerated. She confirmed a strong commitment to ensuring that no one experiences retaliation for reporting sexual abuse, sexual harassment, retaliation or staff neglect that may have led to sexual abuse or sexual harassment. Resident interviews confirmed they were aware of their right to be free from retaliation. Additionally, dialogue confirmed that if the situation warranted, the staff designated to investigate allegations against staff may also be used to monitor for retaliation. Review of the training curriculum strongly reinforces that residents will have protection against retaliation.

Summary of evidence supporting a finding of compliance: The interview with the PREA Coordinator/Director, PCM/Program Supervisor (retaliation monitor) all confirmed that they are aware of the requirements of the standard and will monitor using the designated form upon report of an allegation. Policy supports the requirements of the standard. The interview with the staff responsible for monitoring confirmed to the auditor that he will address all requirements of the

	standard, utilizing the form to ensure this. The training curriculum reinforces protection against retaliation. Therefore, the auditor finds there is sufficient evidence to support a finding of compliance.
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· PREA Administrative Investigative Report format</li> <li>· Interview with the PREA Coordinator/Director</li> <li>· Interviews Investigative staff (administrative sexual harassment allegations, sexual abuse allegations that may be deemed administrative by the local police)</li> <li>· Interview with Recipient Rights Coordinator, Recipient Rights supervisor and the Recipient Rights Quality Assurance staff.</li> <li>· Response Plan</li> <li>· PAQ</li> </ul> <p>The PAQ indicates there have been no substantiated allegations referred for criminal prosecution since last PREA audit. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</p> <p>Investigation</p> <ol style="list-style-type: none"> <li>1. Consistent with CMHA-CEI 3.3.14, Abuse, Neglect, or Mistreatment of Recipients a reported incident of sexual assault must be investigated. The nature of such incidents requires staff to treat the information gathered in the investigation in a sensitive and confidential manner.</li> <li>2. Upon learning of a sexual assault staff will immediately contact the Program Coordinator and will be given direction on calling local law enforcement personnel. The Program PREA Coordinator/Director shall be contacted by the Program Coordinator.</li> </ol>

3. The Program Coordinator will ensure ongoing assistance, cooperation and coordination with authorities, medical/mental health practitioners and probation/parole and shall remain informed about the process of the investigation.

4. Copies of all police reports and other official reports shall be reviewed by the CEO, the Program PREA Coordinator/Director and the Program Coordinator and included in the critical incident review. A copy of all reports shall be placed in the resident's file.

5. In assaults involving CRS residents, the Program Coordinator must forward a copy of all investigative reports regarding the assault to the CRS.

6. The departure of the alleged offender or victim from the employment or control of the facility shall not provide basis for terminating an investigation.

Policy supports the requirements of all provisions of the standard.

Evidence reviewed/analyzed by provision:

(a)(b)The interview with the PREA Coordinator and investigator confirmed the following: All allegations of sexual abuse and sexual harassment as well as retaliation will be referred for investigation; third party and anonymous complaints would also be investigated in the same manner; once an investigation appears to be criminal. Additionally, it was confirmed to the auditor that evidence would be gathered and preserved and maintained in the investigative offices which are not located at the facility. For investigations referred to the local police, the Recipient Rights Coordinator, Clinical Services Supervisor and the PREA Coordinator confirmed that they would remain informed on the progress, in addition to the PCM/Facility Supervisor as indicated in policy and interview with the PCM.

(c)Interviews confirmed that they will gather evidence relevant to administrative investigations to include interviews, video evidence, witness statements, etc. The area would be secured for the police to collect evidence regarding criminal investigations in accordance with the facility Response Plan.

(d)(h)If during the investigation the evidence reveals potential criminal behavior, both investigators confirmed they will consult with the police and/or prosecutor before continuing.

(e) Both investigators confirmed that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. Both indicated their assessment would be based on the alignment of the evidence. They do not require polygraph or truth telling devices for any investigations.

(f) Administrative investigations per interview, do inherently examine staff actions for failures so that corrective action can be implemented. Investigations are/would be documented in written reports with a standardized format which was provided to the auditor.

	<p>(g) Criminal investigations are documented in a written report provided by the police who investigated the incident.</p> <p>(i) Policy and interviews supports that 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.</p> <p>(j) Policy and interviews support that 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.</p> <p>Summary of evidence supporting a finding of compliance: The policy addresses the provisions of the standard relevant to the facility/agency operations. Interviews with the PREA Coordinator/Director, PCM/Program Supervisor, two designated investigators all provided support/evidence of compliance with the standard provisions. Additionally, the auditor was able to review a completed investigation from over five years ago which demonstrated the cooperation between the police and the agency providing further evidence and assurance to confidently find the facility compliant with the standard provisions. Investigations prior to the 12-month audit period were provided to the auditor in their entirety during the interviews with Recipient Rights staff.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· Interviews with the investigator</li> </ul> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</p> <p>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Evidence reviewed/analyzed by provision:</p> <p>Based on confirmation by the two established investigators, who would conduct administrative investigations, the conclusion of substantiated, unsubstantiated and</p>

	<p>unfounded would reflect the use of a preponderance of evidence to support the findings.</p> <p>Summary of evidence supporting a finding of compliance: Policy and the interviews confirm that this is the standard to substantiate an administrative hearing. Therefore, the standard is deemed compliant.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.43 ITRS; House of Commons; Reporting to Residents; Sexual Safety Plan</li> <li>· Interview with the PREA Coordinator/Director</li> <li>· Reporting to Residents form</li> <li>· PAQ</li> </ul> <p>The PAQ indicates the following:</p> <p>zero investigations of alleged sexual abuse completed</p> <p>zero investigations of alleged sexual abuse completed where inmate was notified of the results (verbally or in writing)</p> <p>zero sexual abuse investigations completed by an outside agency</p> <p>zero notifications of the results of an investigation completed by an outside agency</p> <p>zero substantiated cases of staff sexual abuse</p> <p>zero notifications made pursuant to those</p> <p>zero notifications provide to offenders</p> <p>zero those that are documented</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>8.5.43 ITRS; House of Commons; Reporting to Residents; Sexual Safety Plan</p> <p>Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC) following an</p>

investigation into a resident's allegation of sexual abuse, the Program Coordinator shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. II. Guideline: A. HOC refers all allegations of sexual abuse to law enforcement and shall request the relevant information from the investigative agency in order to inform the resident. B. Following a resident's allegation that a staff member has committed sexual abuse, the resident shall be informed (unless the allegation is determined to be unfounded) whenever: 1. The staff member is no longer posted in the facility; 2. The staff member is no longer employed at the facility; 3. HOC learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4. HOC learns the staff member has been convicted on a charge related to sexual abuse within the facility. C. Following a resident's allegation that they have been sexually abused by another resident, the alleged victim will be notified whenever: 1. HOC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2. HOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. D. All such notifications or attempted notifications shall be documented on the Reporting to Residents form. Upon completion, the form shall be placed in the resident file with a copy forwarded to the PREA Coordinator. E. HOC's obligation to report shall terminate if the resident is released from the facility's custody.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e)(f)

Policy addresses all requirements of the standard provisions. A form has been developed for notification to residents of the results of investigations for sexual harassment and sexual abuse which also ensures all aspects of the standard provision are addressed. The interview with the PREA Coordinator/Director confirmed the facility understands and will notify residents of the result of investigations.

Summary of evidence supporting a finding of compliance: Policy, notification form and interviews all provided the auditor with sufficient evidence to support a finding of compliance.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The auditor gathered, analyzed and/or retained the following evidence related to this standard:  · P8.5.37 ITRS; House of Commons; Zero Tolerance & Sexual Safety Plan

- Discipline Procedure, 2.2.06
- Prohibited Harassment Procedure, 2.1.01
- Abuse, Neglect or Mistreatment of Recipients Policy, 3.3.14
- Credentialing and Re-Credentialing Procedure 2.1.08H
- Interviews with the PREA Coordinator/Director
- Observations
- PAQ

The PAQ indicates there have been zero staff who have been disciplined for violation of agency sexual abuse or sexual harassment policies, zero staff who have been reported to law enforcement or licensing bodies following termination or resignation for violating agency sexual abuse or sexual harassment policies in the previous 12 months. The auditor found no reason to dispute this during the audit process.

The following policy excerpts supports compliance with the requirements of this standard:

P8.5.37 ITRS; House of Commons; Zero Tolerance & Sexual Safety Plan

1. All instances of alleged sexual assault shall be referred to local authorities for investigation with a recommendation that any resident/staff suspected of sexual assault be prosecuted to the fullest extent of the law.
2. Any staff involved in sexually abusive or assaultive behavior will be subject to investigation and the HOC disciplinary process. Staff found guilty of sexual abuse/assault shall be terminated from HOC.
3. Disciplinary sanctions for staff up to and including termination shall be imposed for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse).
4. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and to any relevant licensing bodies, unless the activity was clearly not criminal.

Credentialing and Re-Credentialing Procedure 2.1.08H

Reporting: CMHA-CEI shall report any conduct by a provider that results in suspension or termination from CMCA-CEI to the appropriate authorities.

Discipline Procedure, 2.2.06, Prohibited Harassment Procedure, 2.1.01, Abuse, Neglect or Mistreatment of Recipients Policy, 3.3.14 provides additional written authority supporting compliance.

Evidence reviewed/analyzed by provision:

	<p>(a)(b)(c)(d)</p> <p>The interview with the PREA Coordinator/Director confirmed that the actions specified in the policy would occur. Staff and residents are informed of this during orientation. Dialogue and observations during the onsite visit confirmed that no staff has been disciplined or terminated for violating zero tolerance policy since the implementation of the PREA standards.</p> <p>Summary of evidence supporting a finding of compliance: Policies supports the requirements of the standard. The PREA Coordinator/Director confirmed that these provisions would be followed in the event that a staff member is the subject of a sexual abuse investigation, which is substantiated. Staff and residents are informed of these consequences for staff as indicated in the policy, to include referral to licensing boards. Therefore, the auditor finds sufficient evidence to find the facility compliant with the requirements of this standard.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· Monitoring and Profiling Procedures, 1.6.02</li> <li>· Interviews PREA Coordinator/Director</li> <li>· PAQ</li> </ul> <p>The PAQ indicates there have been no contractors or volunteers who have been reported to law enforcement and/or relevant licensing bodies. The auditor found no reason to dispute this during the audit process.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</p> <p>Any contractor, volunteer, or intern who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and relevant ,licensing bodies, unless the activity was clearly not criminal. Remedial measures will be taken in the case of any other violation of agency sexual abuse or sexual harassment policies, up to and including prohibiting further contact with residents.</p>

	<p>Evidence reviewed/analyzed by provision:</p> <p>(a)(b)</p> <p>Policy addresses the requirements of the standard provisions. The interview with the PREA Coordinator/Director confirmed that they can remove a volunteer or contractor whenever needed, pending an allegation to ensure that the investigation can be completed.</p> <p>Summary of evidence supporting a finding of compliance: Review of the policy, confirmation received by the PREA Coordinator/Director that volunteers and/or contractual staff would be prohibited from contact, reported to law enforcement and/or licensing bodies and action would be taken to prohibit further contact with residents, dialogue and observations during the onsite visit, and the PAQ provide sufficient evidence to support a finding of compliance with this standard.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</li> <li>· Interview with the PREA Coordinator/Director</li> <li>· List of group counseling conducted</li> <li>· Resident Handbook</li> </ul> <p>The PAQ indicates there have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse during the audit reporting period.</p> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>P8.5.37 ITRS; House of Commons; Zero Tolerance &amp; Sexual Safety Plan</p> <p>Residents involved in sexually abusive or assaultive behavior will be subject to investigation and the HOC disciplinary process. CRS residents shall also be subject to the CRS disciplinary process. Residents found guilty of sexual abuse/assault shall face disciplinary sanctions up to and including termination from HOC. A resident's mental disability or mental illness contributing to his or her behavior shall be considered when determining a sanction. Residents may also be required to participate in counseling, therapy or other interventions. Residents may only be disciplined for sexual contact with staff upon a finding that the staff member did not</p>

consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct CRS occurred shall not constitute falsely reporting an incident or lying.

Evidence reviewed/analyzed by provision:

(a)(b)(c)The Resident Handbook outlines expectations for behavior while housed at this facility. Dialogue with the PCM and PREA Coordinator confirmed that sanctions will 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. However, substantiated allegations of sexual abuse will likely result in termination from the program. The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what action will be taken as all residents have an assigned mental health therapist who would have knowledge and understanding of the resident's mental status.

(d) Policy above and review of established group counseling topics conducted confirmed that if the facility does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

(e) Policy and the PREA Coordinator/Director confirmed to the auditor that if a staff had sexual relations with a resident, the resident would not be disciplined for the incident.

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

(g) Asnoted in the Resident Handbook, the facility does prohibit all sexual activity between residents; it is considered a major rule and can result in termination from the program. It is not deemed sexual abuse if the investigation determines wit was coerced.

The auditor discussed the myriad of possibilities with the Program Manager. These discussions supported those sanctions can include in-house sanctioning to revocation to prison, to being arrested for new charges. This is all based on the reason why the resident is here at the program (court ordered probation, court ordered parolee, veteran's court or voluntary participation). Additionally, it was stated that the facility would treat every case individually and look for mitigating and aggravating factors before making decisions on discipline. The facility had no examples of disciplinary action for sexual abuse to review. Detailed information on sanctions for disciplinary action are in the Client Handbook. Residents are informed of potential discharge from the program for violation of the zero-tolerance policy on sexual abuse and sexual harassment.

Summary of evidence supporting a finding of compliance: Facility policy directs that all requirements of the standard be enforced. As stated, the PAQ indicates there

	<p>have been no administrative or criminal findings of guilt for resident-on-resident sexual abuse during the audit reporting period. The Client Rulebook informs residents of the possible consequences for sexual abuse and sexual harassment. The interviews provided further assurance that the provisions of the standard would be followed.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.44 ITRS; House of Commons; Medical and Mental Health; Sexual Safety Plan</li> <li>· Interviews with Mental Health staff</li> <li>· SANE provision website Sparrow Forensic Nurse Examiner (FNE) Program   Sparrow</li> <li>· Interview with SANE staff</li> <li>· Response Plan</li> </ul> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>8.5.44 ITRS; House of Commons; Medical and Mental Health; Sexual Safety Plan</p> <p>Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC) resident survivors of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. II. Guideline: A. Staff on duty at the time a report of recent abuse is made shall immediately notify the Program Coordinator and follow their instructions with regards to contacting the Program Director and appropriate medical and mental health practitioners. B. Resident survivors of sexual abuse shall be offered information about and access to sexually transmitted infections prophylaxis. C. Appropriate referrals and resources shall be available for residents who have been victimized by sexual abuse in any prison, jail, lock up or juvenile facility. Survivors shall be offered tests for sexually transmitted infections, medical and mental health evaluation and, as appropriate, treatment. Evaluation and treatment of such survivors shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to other facilities or discharge from the program. D. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim</p>
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	<p>names the abuser or cooperates with any investigation arising out of the incident. E. A mental health evaluation of all known resident-on-resident abusers will attempt to be conducted within 60 days of learning of such abuse history. Treatment shall be offered as deemed appropriate by mental health practitioners.</p> <p>Evidence reviewed/analyzed by provision:</p> <p>(a) (b) Policy supports that staff will contact the appropriate supervisors and medical and mental health practitioners immediately to initiate transport to the hospital for a SANE exam. The Response Plan guides staff to make available medical and mental health treatment.</p> <p>(c) Policy supports that appropriate prophylactic treatment will be provided. This treatment will be provided in addition to the SANE as confirmed by the hospital SANE staff interview and website information.</p> <p>(d) Policy supports that treatment related to emergency medical and mental health treatment related to sexual abuse is free of charge. Per the interview with SANE staff and the website the Forensic Nurse Examiners at Sparrow Hospital provide free, multi-disciplinary, comprehensive care in a safe, non-judgmental setting for patients of all ages.</p> <p>Summary of evidence supporting a finding of compliance: Policy supports that victim will receive unimpeded access to emergency medical treatment and crisis intervention services. The coordinated response plans and responses to random staff interviews both provided evidence for the auditor to believe that medical assistance would be immediately sought for the resident victim of sexual abuse. Policy confirms that the resident victims of sexual abuse would be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. All resident medical treatment is provided in a community setting. Review of the community program for SANE/SAFE exams supported compliance. Based on this and the documentation provided, the auditor finds that the requirements of the standard are required to be met if a sexual abuse incident occurred at this facility.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.44 ITRS; House of Commons; Medical and Mental Health; Sexual Safety</li> </ul>

Plan

- Interview with the PREA Coordinator
- Interviews with Mental Health staff
- SANE provision website Sparrow Forensic Nurse Examiner (FNE) Program | Sparrow
- Interview with SANE staff
- MOU with LACASA

The following policy excerpts supports compliance with the requirements of this standard:

8.5.44 ITRS; House of Commons; Medical and Mental Health; Sexual Safety Plan

Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC) resident survivors of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. II. Guideline: A. Staff on duty at the time a report of recent abuse is made shall immediately notify the Program Coordinator and follow their instructions with regards to contacting the Program Director and appropriate medical and mental health practitioners. B. Resident survivors of sexual abuse shall be offered information about and access to sexually transmitted infections prophylaxis. C. Appropriate referrals and resources shall be available for residents who have been victimized by sexual abuse in any prison, jail, lock up or juvenile facility. Survivors shall be offered tests for sexually transmitted infections, medical and mental health evaluation and, as appropriate, treatment. Evaluation and treatment of such survivors shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to other facilities or discharge from the program. D. 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. E. A mental health evaluation of all known resident-on-resident abusers will attempt to be conducted within 60 days of learning of such abuse history. Treatment shall be offered as deemed appropriate by mental health practitioners.

Evidence reviewed/analyzed by provision:

(a) (b) Policy supports compliance. The interview with the PREA Coordinator/Director further confirms that ongoing treatment will be provided in addition to 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) Interviews with mental health staff provide assurances that any mental health treatment provided will be consistent with the community level of care. Care will likely be provided by the hospital services with the development of an aftercare with

	<p>the community hospital and/or in accordance with the MOU for services provided by LACASA for victim advocacy services.</p> <p>(d)(e) There are no females housed at this facility.</p> <p>(f) Policy supports that appropriate prophylactic treatment will be provided. This treatment will be provided in addition to the SANE as confirmed by the hospital SANE staff interview and website information.</p> <p>(g) Policy supports 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.</p> <p>(h) Policy supports that this will occur. However, given the nature of the operation, it is highly unlikely that a known resident-on resident abuser will remain at the operation.</p> <p>Summary of evidence supporting a finding of compliance: Analysis of the policy, and interview with the PREA Coordinator/Director who confirmed compliance with these requirements, provided the auditor with evidence to find the facility in compliance with the requirements of this standard. The policy confirms that treatment services provided to the victim are without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Both additional services by the hospital and the victim advocate organization are free. Medical care would be provided in the community. Known resident-on-resident abusers are not able to be housed in this program; therefore, attempts 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 would be not applicable to this operation.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.45 ITRS; House of Commons; Security; Review; Sexual Assault Control Plan</li> <li>· Interview with the PREA Coordinator/Director</li> <li>· Interviews Incident Review Team Members</li> <li>· Sexual abuse incident review form</li> </ul>

· PAQ

Upon review of the PAQ and all audit activities occurred since it was collected on, there has been no criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding unfounded. The auditor found this credible.

The following policy excerpts supports compliance with the requirements of this standard:

8.5.45 ITRS; House of Commons; Security; Review; Sexual Assault Control Plan

Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and Recovery Services (ITRS), House of Commons (HOC) shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. II. Guideline: A. All incidents of sexual abuse shall be reviewed consistent with HOC's Critical Incident policy. B. Within 30 days of the conclusion of a sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded, a sexual abuse incident review shall occur. The review should include the PREA Coordinator, ITRS Clinical Supervisor, the Program Coordinator and any other persons as appropriate. Input from investigators, supervisors, medical and mental health practitioners will be reviewed as well. The review will consider: 1. Whether there is a need to change Operating Guideline or procedure; 2. The motivation for the incident or allegation; 3. The area in which the incident allegedly occurred and barriers in the area that may enable abuse; 4. The adequacy of staffing levels in that area; and 5. An assessment of monitoring technology. C. The review shall be documented in a report and shall include recommendations for improvement. The report will be submitted to the Chief Executive Officer, the Program Coordinator, Program Director and the PREA Coordinator. The Program Coordinator shall implement recommendations for improvement, or shall document reasons for not doing so.

Policy mirrors the requirements of the standard provisions.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)(e) Policy supports the requirements of the standard. The interview with the PREA Coordinator/Director yielded the following responses: She and a team, as designated by the provision of the standard (PCM, investigator, medical, mental health, line staff) will conduct a sexual abuse incident review within 30 days of the completion of the investigation. She assured the auditor that they would look at (1) 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; and (5)

	<p>Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. A report will be written, a format for this report has been developed. It addresses all provisions of the standard.</p> <p>The interview with the incident review team member confirmed to the auditor that all incidents of sexual abuse not deemed unfounded will be reviewed by the Leadership team which includes the Recipient Rights Coordinator, PREA Coordinator/ Director. To date, they have not had to conduct an incident review team meeting. A form has been implemented to ensure that the requirements of this review will be met.</p> <p>Summary of evidence supporting a finding of compliance: The PREA Coordinator/ Director and PREA Compliance Manager/Program supervisor (incident review team member) confirmed that all incidents of sexual abuse are reviewed by a committee and a report would be issued demonstrating a commitment to the process. Policy requires such. The review uses a form that addresses all requirements of the provision. The auditor finds there is sufficient evidence to support a finding of compliance with the provisions of this standard.</p>
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<b>115.287</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.46 ITRS; House of Commons; Data Collection; Review; Storage; Sexual Safety Plan</li> <li>· Interview - Facility PREA Coordinator (Program Manager, PREA Manager)</li> <li>· Definitions used for collecting data</li> <li>· Annual report template</li> </ul> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>8.5.46 ITRS; House of Commons; Data Collection; Review; Storage; Sexual Safety Plan</p> <p>Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and</p> <p>Recovery Services (ITRS), House of Commons (HOC) staff shall collect accurate, uniform data for every allegation of sexual abuse, using a standardized instrument</p>

and set of definitions. The data shall be aggregated annually.

A. Incident-based data shall include, at minimum, the data necessary to answer all questions from the Survey of Sexual Violence conducted by the United States Department of Justice. Data shall be provided to the Department of Justice upon request. Sexual abuse data collected shall be securely retained and maintained for at least 10 years. B. Data collected and aggregated shall be reviewed and assessed by the PREA Coordinator with the Program Coordinator of the facility to improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. This assessment shall include; 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; 3. A comparison of the current year's data with those from prior years; and 4. An assessment of the facility's progress in addressing sexual abuse.

A report shall be prepared annually with its findings and corrective actions and shall be approved by the Program Director. Data shall be made available to the public through the CMHA-CEI HOC website.

SEXUAL ABUSE -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: • Sexual contact is Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and • Any other intentional touching • Any attempt, threat, or request to engage in sexual activities • Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident, and • Voyeurism by a staff member, contractor, or volunteer.

SEXUAL HARASSMENT - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another. Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Policy supports the requirements of the standard.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)

Data is being gathered using the definitions provided in the PREA standards. The Annual Report will be available for review on the agency webpage, demonstrating annual aggregation of incident based sexual abuse data, when twelve months has been established. A template for this report has been established. The PREA Coordinator reports that the DOJ has not requested statistical data from this agency/facility.

The annual report template includes the following categories:

Resident-on-Resident non- consensual sexual acts

	<p>Resident-on-Resident abusive sexual contact</p> <p>Resident-on-Resident sexual harassment</p> <p>Staff Sexual Misconduct</p> <p>Staff Sexual Harassment</p> <p>The data will provide information consistent with the questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. All data, including investigation summaries and sexual abuse incident reviews would be stored in the administrative offices and therefore is securely stored. This facility does not contract with private facilities.</p> <p>Summary of evidence supporting a finding of compliance: Policy supports the requirements including using standardized definitions of behavior, the annual report template ensures all requirements will be addressed, the facility maintains data that is uniform, data is securely retained in the Program Supervisors office, and they have not yet had to complete the SSV but have the ability to do so, if and when requested. The auditor finds there is sufficient evidence to support a finding of compliance with all provisions of this standard.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor gathered, analyzed and/or retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> <li>· 8.5.46 ITRS; House of Commons; Data Collection; Review; Storage; Sexual Safety Plan</li> <li>· Interview with the PREA Coordinator/Director</li> <li>· Annual report template of findings from data reviews/corrective actions</li> <li>· Facility website</li> </ul> <p>The following policy excerpts supports compliance with the requirements of this standard:</p> <p>8.5.46 ITRS; House of Commons; Data Collection; Review; Storage; Sexual Safety Plan</p> <p>Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and</p>

Recovery Services (ITRS), House of Commons (HOC) staff shall collect accurate, uniform data for every allegation of sexual abuse, using a standardized instrument and set of definitions. The data shall be aggregated annually.

A. Incident-based data shall include, at minimum, the data necessary to answer all questions from the Survey of Sexual Violence conducted by the United States Department of Justice. Data shall be provided to the Department of Justice upon request. Sexual abuse data collected shall be securely retained and maintained for at least 10 years. B. Data collected and aggregated shall be reviewed and assessed by the PREA Coordinator with the Program Coordinator of the facility to improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. This assessment shall include; 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; 3. A comparison of the current year's data with those from prior years; and 4. An assessment of the facility's progress in addressing sexual abuse.

A report shall be prepared annually with its findings and corrective actions and shall be approved by the Program Director. Data shall be made available to the public through the CMHA-CEI HOC website.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)

Interviews with the PREA Coordinator/Director demonstrated commitment to ensuring that data is collected, analyzed to access improvement and securely stored. A report template has been developed which addresses the requirements of the provisions to include 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; 3. A comparison of the current year's data with those from prior years; and 4. An assessment of the facility's progress in addressing sexual abuse.

The PREA Coordinator/Director confirmed he approves all reports. A web page is available for this facility/agency to ensure the report is made public. The facility has only implemented requirements of the standards for approximately eight months. Policy supports that it will compare statistics once they have been in effect for two years.

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

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

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

- 8.5.46 ITRS; House of Commons; Data Collection; Review; Storage; Sexual Safety Plan
- Interviews PREA Coordinator/Director
- Annual report of findings from data reviews/corrective actions - template
- Facility website
- Observation of secure storage of sexual abuse data

The following policy excerpts supports compliance with the requirements of this standard:

8.5.46 ITRS; House of Commons; Data Collection; Review; Storage; Sexual Safety Plan

Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI), Integrated Treatment and

Recovery Services (ITRS), House of Commons (HOC) staff shall collect accurate, uniform data for every allegation of sexual abuse, using a standardized instrument and set of definitions. The data shall be aggregated annually. Sexual abuse data collected shall be securely retained and maintained for at least 10 years. B. Data collected and aggregated shall be reviewed and assessed by the PREA Coordinator with the Program Coordinator of the facility to improve the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. This assessment shall include; 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; 3. A comparison of the current year's data with those from prior years; and 4. An assessment of the facility's progress in addressing sexual abuse. A report shall be prepared annually with its findings and corrective actions and shall be approved by the Program Director. Data shall be made available to the public through the CMHA-CEI HOC website.

Evidence reviewed/analyzed by provision:

(a)(b)(c)(d)

This is the first year for compliance with the PREA standards. Facility policy ensures that data collected pursuant to § 115.87 are securely retained. The auditor observed the office areas which are secure where the data is maintained and the investigator offices (located outside the facility) or within the mental health secure electronic files. Policy supports that the data collected will be retained for at least ten years. The interview confirmed no personal identifiers will be included. The interview with the PREA Coordinator/Director confirmed compliance with the requirements of the data collection standards. Based on above, the auditor finds the requirements of the standard have been met.

	<p>Summary of evidence supporting a finding of compliance: Policy, interview and observations of secure storage areas provided the auditor with sufficient evidence to support a finding of compliance.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>This is the first PREA audit for this facility. It is the only facility required to comply with PREA standards as the house parolees and probationers for the Michigan Department of Corrections via contract. Posters announcing the audit were made visible to the residents six weeks prior to the audit. The auditor was allowed free access to all operations, to view records, retain records as requested and interview any staff requested in a private setting.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>This is the first PREA audit for this facility. This is the only facility for this agency that is required to comply with PREA standards.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

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

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

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension 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.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	yes
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

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

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

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

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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

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

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