

PREA Facility Audit Report: Final

Name of Facility: New Paths Residential Treatment Center Flint

Facility Type: Community Confinement

Date Interim Report Submitted: 01/03/2023

Date Final Report Submitted: 05/12/2023

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Todd Butler | Date of Signature: 05/12/ 2023 |

| AUDITOR INFORMATION | |
|-------------------------------------|-------------------------|
| Auditor name: | Butler, Todd |
| Email: | bshauditing@outlook.com |
| Start Date of On-Site Audit: | 11/17/2022 |
| End Date of On-Site Audit: | 11/21/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | New Paths Residential Treatment Center Flint |
| Facility physical address: | 765 E Hamilton Avenue, Flint, Michigan - 48505 |
| Facility mailing address: | 765 E Hamilton Ave, Flint, Michigan - 48505 |

| Primary Contact | |
|--------------------------|-----------------------|
| Name: | James S Hudgens |
| Email Address: | jhudgens@newpaths.org |
| Telephone Number: | 8102335340 |

| Facility Director | |
|--------------------------|-----------------------|
| Name: | James S Hudgens |
| Email Address: | jhudgens@newpaths.org |
| Telephone Number: | 8102335340 |

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

| Facility Characteristics | |
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| Designed facility capacity: | 50 |
| Current population of facility: | 18 |
| Average daily population for the past 12 months: | 16 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 18 and up |
| Facility security levels/resident custody levels: | community corrections center |
| Number of staff currently employed at the | 50 |

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

| AGENCY INFORMATION | |
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| Name of agency: | New Paths, Inc. |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 765 E Hamilton Avenue, Flint, Michigan - 48505 |
| Mailing Address: | |
| Telephone number: | |

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

| Agency-Wide PREA Coordinator Information | | | |
|---|---------------|-----------------------|-----------------------|
| Name: | James Hudgens | Email Address: | jhudgens@newpaths.org |

| Facility AUDIT FINDINGS |
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| 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:

5

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.217 - Hiring and promotion decisions
- 115.218 - Upgrades to facilities and technology
- 115.234 - Specialized training: Investigations
- 115.242 - Use of screening information

Number of standards met:

36

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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| 1. Start date of the onsite portion of the audit: | 2022-11-17 |
| 2. End date of the onsite portion of the audit: | 2022-11-21 |

Outreach

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| 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: | YWCA of Greater Flint - CEO Karen Folks |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 50 |
| 15. Average daily population for the past 12 months: | 16 |
| 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 checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 18 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 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: | 0 |

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| <p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>The agency did not have any residents who have reported sexual abuse, identified as gay or lesbian, had any form of cogitative disability, nor LEP. The audit team reviewed resident files and found no residents currently residing at the facility who had disclosed previous abuse during intake assessments. The audit team has found this to be common among small facilities such as this one.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>50</p> |
| <p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>0</p> |

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| <p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>0</p> |
| <p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p> | <p>The agency does not allow volunteers nor contractors within the facility as a matter of practice. Any services not available and provided by the agency are provided by outside supportive service organizations.</p> |
| <p>INTERVIEWS</p> | |
| <p>Inmate/Resident/Detainee Interviews</p> | |
| <p>Random Inmate/Resident/Detainee Interviews</p> | |
| <p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>10</p> |
| <p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p> |

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| <p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>The agency provided a resident roster for the facility on the first day of the onsite portion of the audit. After detailed conversations with agency staff in an attempt to identify residents suitable for targeted interviews to no avail, the audit highlighted 10 random residents off the roster to be interviewed. The audit team asked additional pointed questions during formal and informal interviews in an attempt to identify residents who could satisfy the targeted interview requirements, again to no avail.</p> |
| <p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>Nothing more to report</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>0</p> |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |

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| <p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The agency reported zero and the audit team did its due diligence to determine if there were any residents who meet this demographic including file reviews and informal inquires of residents and staff throughout the audit.</p> |
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The agency reported zero and the audit team did its due diligence to determine if there were any residents who meet this demographic including file reviews and informal inquires of residents and staff throughout the audit.</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The agency reported zero and the audit team did its due diligence to determine if there were any residents who meet this demographic including file reviews and informal inquires of residents and staff throughout the audit.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The agency reported zero and the audit team did its due diligence to determine if there were any residents who meet this demographic including file reviews and informal inquires of residents and staff throughout the audit.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The agency reported zero and the audit team did its due diligence to determine if there were any residents who meet this demographic including file reviews and informal inquires of residents and staff throughout the audit.</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The agency reported zero and the audit team did its due diligence to determine if there were any residents who meet this demographic including file reviews and informal inquires of residents and staff throughout the audit.</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The agency does not house known transgenders. Regarding gay, lesbian, and bisexual, the audit affirmatively asked residents if they themselves identified or if they were aware of any residents who did with no success in identifying any residents at the time of the audit.</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The agency reported zero and the audit team did its due diligence to determine if there were any residents who meet this demographic including file reviews and informal inquires of residents and staff throughout the audit.</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The agency reported zero and the audit team did its due diligence to determine if there were any residents who meet this demographic including file reviews and informal inquires of residents and staff throughout the audit.</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |

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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>The agency reported zero and the audit team did its due diligence to determine if there were any residents who meet this demographic including file reviews and informal inquires of residents and staff throughout the audit.</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>Nothing more to report.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>14</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>Staff interviews were selected based upon availability of staff during the onsite portion of the audit and consisted of a cross section from all shifts, work assignments, genders, and tenure of employment.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>18</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p> |

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

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| | <input type="checkbox"/> Other |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 83. Provide any additional comments regarding selecting or interviewing specialized staff. | <p>This is a very small agency who employes minimum staff, therefore, many staff were interviewed multiple times in different capacities. The agency utilizes outside services for SANE/SAFE services as well as criminal investigations. The audit team conducted telephone interviews with members from these organizations. There are not volunteers nor contractors engaged with the agency and therefore no interviews conducted.</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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| 85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 88. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 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). | Agency staff were accommodating to the request of the audit team and willing to allow access to the facility in its entirety. Although it is an older facility, there have been many upgrades to the facility to include cameras throughout and updates to the decor. |

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.

| | |
|---|--|
| 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? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|---|--|

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

The agency was very transparent with all documents requested of the audit team. There were no concerns of the audit team with the quality of documents/files, and all samples confirmed the agency's reports regarding staff and residents.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|-------------------------------------|---|--|
| Inmate-on-inmate sexual harassment | 1 | 0 | 1 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 1 | 0 | 1 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 1 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|--|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 0 |
| a. Explain why you were unable to review any sexual abuse investigation files: | No sexual abuse allegations had been made since the last PREA audit. |

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

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

| Staff-on-inmate sexual harassment investigation files | |
|--|--|
| 111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | Nothing more to note |
| 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. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit: | No text provided. |

Non-certified Support Staff

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

Yes

No

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

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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|----------------|---|
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>.211(a) New Paths Inc. policy and procedure states upon admission, and annually thereafter, each resident will receive notification of New Path’s zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of abuse or harassment and their right to be free from sexual abuse and harassment and to be free from retaliation for reporting such incidents per the PREA.</p> <p>In addition, policy states that New Paths Inc. is committed to protecting the rights of clients served. The policy specifically states New Paths Inc. has zero tolerance toward all forms of physical, emotional and sexual abuse and sexual harassment as defined in PREA and the Michigan Department of Community Health licensing rules.</p> |

The audit team reviewed several resident and staff files that indicated 100% of the residents currently residing and staff currently working at New Paths Inc. has gone through an intake or orientation process and received notification of resident rights to be free from sexual abuse and harassment and that New Paths Inc. is committed to enforcing its zero-tolerance policy regarding sexual abuse and harassment against its residents.

Furthermore, interviews with residents and staff have verified everyone residing at or working within New Paths Inc. has a clear and thorough of the agency's zero-tolerance policy toward sexual abuse and harassment. Specifically, when asked during formal and informal interviews, residents and staff alike responded the agency does not tolerate this type of abuse whatsoever and any violation will result in immediate termination from employment for staff or further participation in the program for residents.

.211(b) Policy states specifically that NPI designates its Executive Director, James Hudgens, as the PREA Coordinator. Mr. Hudgens, as the Executive Director for New Paths Inc. clearly has sufficient authority to enact provisions with policy and procedure to ensure the sexual safety of its residents and in keeping with adherence to PREA standards. Upon interviewing Mr. Hudgens and speaking candidly with him about his direct involvement with implementing PREA and ensuring a culture exists that ensures the sexual safety of its residents, it is clear that he has dedicated time to oversee the agency's efforts toward the safety of its residents and compliance with PREA. While conducting the on-site tour, the audit team had an opportunity to observe Mr. Hudgens' interaction with staff and residents. It is clear his involvement with the day-to-day operations of the facility, including regular interaction with staff and residents is what has led to the cultural shift of New Paths Inc. and ensures the safety of its residents and staff alike.

Based upon the detailed language in policy, along with a detailed review of resident and staff files, relevant policy and procedure, and thorough discussion with residents and staff, it is clear to the audit team that New Paths Inc. is committed to and has developed a culture of zero-tolerance for any abuse of its residents, specifically sexual abuse and sexual harassment. Because it is evident through detailed interactions with residents and staff that New Paths Inc. has accomplished a cultural shift in regard to the sexual safety of its residents, the audit team has determined the agency substantially exceeds the requirements of this standard. Therefore, the audit team has found the agency Exceeds the Standard.

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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>New Paths Inc. is a private non-profit facility that does not contract for the confinement of its residents. Therefore, this standard is not applicable to this audit. However, due to the nature of the audit report, “Not Applicable” is not an option for a finding for the standard and the facility cannot be found to not meet the standard, a finding of meets the standard is appropriate.</p> |

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| <p>115.213</p> | <p>Supervision and monitoring</p> |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>.213(a) New Paths Inc. is mandated under its contract with the Michigan Department of Corrections to maintain a minimum staffing level of 1 staff for every 70 residents at the facility. New Paths Inc. significantly exceeds the minimum requirements set by the MDOC by maintaining a minimum staffing level of 2 staff in each housing area which maintains an average of 44 residents collectively. This is more than double the required staffing.</p> <p>New Paths Inc. Workforce Development and Management Plan (WDM) policy states New Paths is committed to ensure that staffing levels meet the threshold to maintain a safe environment and continued service delivery, including the ability to manage unplanned staff shortages so that organization expectations, client expectations and contract requirements are continuously met. The policy also states that needs for video monitoring, technology and environmental changes and layouts, as well as background check procedures will all take into consideration the promotion of safety and protection of clients from sexual abuse and harassment.</p> <p>New Paths Inc. employs nearly 30 cameras throughout its facilities. The cameras sufficiently cover blind spots and corners where potential assaults may occur in the absence of enhanced observation. The cameras are a clear enhancement to staff presence throughout the facility and in locations where no camera is currently present, such as the inside the gymnasium, staff presence is required, and multiple residents are present as well. Upon interviewing New Paths Inc. director, Jim Hudgens, the audit team was informed there is a plan to build upon the cameras currently in place and that he is in discussion with his security team about appropriate placement of the additional cameras. The audit team was encouraged by New Paths Inc. Director, Jim Hudgens, to point out any locations they observed that would benefit from additional camera placement during the facility tour. The audit team did not see any areas in immediate need of additional camera placement.</p> |

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| | <p>.213(b) A review of the staffing plans for the two weeks prior to and the week of the on-site visit demonstrate no deviation from the agency’s staffing plant.</p> <p>Conversations held with staff at all levels, including line staff, supervisory staff, and the agency’s administrative staff all echoed the agency strictly adheres to their staffing plan and mandates overtime for staff through a call-in procedure and/or a hold over procedure for times of unexpected staff shortages such as call-ins and sick leave.</p> <p>When conducting informal conversations with residents during the on-site, residents all echoed the abundance of staff at the facility and that staff are always present and available. Some indicated the presence and availability of staff throughout the facility as the primary reason they felt safe at New Paths Inc.</p> <p>.213(c) The WDM requires the Plan Evaluation of its staffing levels to be reviewed by New Paths Inc. Leadership Team no less than annually and provides a signature and date of annual approval blocks at the bottom to provide proof of compliance with this requirement.</p> <p>The signature block at the bottom of each agency policy allowing the agency Director to sign to verify the agency’s board has reviewed, in connection with meeting minutes detailing the discussions of each policy review, is a best practice this audit team will share with other agencies moving forward.</p> <p>The agency has detailed staffing plans in place that far exceed the minimum requirements mandated by the Michigan Department of Corrections and industry standards. The agency has a strict policy of adherence to their staffing plans and never deviate from them, utilizing a mandated overtime practice to fill unexpected staff vacancies when necessary. Staff and resident interviews have confirmed the policy and procedure are continuously adhered to and the audit team witnessed an abundance of staff present during the on-site visit. Furthermore, a detailed review of several weeks of staffing and attendance sheets verified the agency is maintaining staffing levels in accordance with their staffing plans. For these reasons, the agency is in full compliance with this standard and the audit team finds the agency Meets the Standard.</p> |
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|----------------|--|
| 115.215 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>.215(a) Agency policy prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical personnel.</p> <p>During the on-site tour, no circumstances arose necessitating a strip search nor a visual body cavity search. Therefore, the audit team was not able to physically</p> |

witness the implementation of this portion of the standard. However, while conducting formal and non-formal interviews with residents and staff alike, it is clear from responses received from both sides that cross-gender strip searches and visual body cavity searches at New Paths Inc. are strictly prohibited.

.215(b) Agency policy prohibits cross-gender pat-down searches of female residents, except in exigent circumstances.

Upon the on-site tour of the facility, the audit team toured the female housing unit which was entirely staffed by female employees, both custody and non-custody as well as supervisory staff. This is in full compliance with New Paths Inc. policy that male staff are strictly prohibited from being assigned to the female housing unit which, by design, strictly prohibits female residents from being searched in any capacity by a male staff member. Furthermore, the audit team witnessed female residents arriving to the main facility for programming and upon arrival, the male security staff member running the intake wing of the facility instructed the female residents to stand by in a secure area until a female staff member could be called in to conduct their searches. Within 1-2 minutes, a female staff member arrived and conducted the searches of the female residents.

While conducting interviews with female residents, it was evident that programming or other outside activities due to a lack of female staff to conduct pat-down searches. Due to the practice New Paths Inc. has implemented regarding no male staff being assigned to the female housing area, there is no chance that female staff will not be present to conduct pat-down searches within the female housing area.

Furthermore, as mentioned above, the audit team witnessed female residents arriving to the main facility for programming and upon arrival, the male security staff member running the intake wing of the facility instructed the female residents to stand by in a secure area until a female staff member could be called in to conduct their searches. Within 1-2 minutes, a female staff member arrived and conducted the searches of the female residents. This further demonstrates compliance with this portion of the standard.

.215(c) Agency policy states that should exigent circumstances occur resulting in cross-gender strip searches, visual body cavity searches, or cross-gender pat-down searches of female residents, each instance shall be documented.

There has been no cross-gender strip searches, visual body cavity searches and no cross-gender pat-down searches of female residents since New Paths Inc. implemented full compliance with PREA in October 2018. Therefore, the audit team had no documentation to verify documentation of such instances. However, upon discussions with various staff, it is clear to the audit team that staff are aware of their duty to document such an incident if one should occur.

.215(d) Agency policy states NPI shall ensure privacy policies and procedures are in place that allow residents to shower and change without view from opposite gender staff.

While conducting the on-site tour of the facility, the audit team observed all of the

resident toilet facilities, cell/bay areas and showering facilities. The cell/bay area for all residents (male and female) consisted of 6 and 4 beds respectively. Each cell/bay area contained a closing door at the entrance of the cell/bay area which allowed for privacy during times of undress.

In regard to the male housing area, each time female staff were about to enter a cell/bay area, an announcement was made by the staff member that a female was about to enter. The staff member would pause before entering the cell/bay area in order to allow for anyone who may be in a state of undress time to cloth or cover themselves. The toilets for the male housing area were all located within a separate room, within each cell/bay area and contained a closing door allowing for any male residents utilizing the toilet to do so in privacy, even if a female staff member entered the cell/bay area. This physical layout award resident's ample opportunity to dress/undress and use the toilet without being in the view of opposite gender staff.

Female housing has a closing door located at the entrance of their cell/bay area as well. Female residents are allowed to close this door during times they may be in a state of undress. Furthermore, male staff are not authorized to work to in the female housing area which further enhances opportunity for female residents to change their cloths without being in view of male staff. When male staff are in the area, a loud announcement is made that males are in the area and a female staff member walk down the hallway where the cell/bay areas are located making additional announcements that males are in the unit in order to ensure they are protected from being in view while in a state of undress.

Both housing areas (male and female) have showering facilities in a location separate from their living areas. The showering location for male residents has a closing door that prohibits passersby from viewing directly into the shower room. In addition to the closing door, the showers are all individual shower stalls with full-length shower curtains that allow for additional privacy. The female shower room is set up in the same manner and also includes toilets for use by the female residents.

Upon conducting formal and informal interviews with staff and residents, it was clear to the audit team that residents are awarded sufficient time and space to change clothing, use toilet facilities, and shower without being in the view of opposite gender staff. All residents interviewed indicated they have never been placed in a position where they were in any state of undress in view of opposite gender staff.

.215(e) Agency policy states NPI will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Because New Paths Inc. does not have medical staff on staff nor contracted medical staff at the facility, the audit team inquired about how the agency determines, for placement and programming purposes, the gender of a transgender or intersex resident. New Paths Inc. Director, Jim Hudgens stated the gender status of a transgender/intersex resident is determined by interviewing the individual in order

to determine their personal views of themselves, as well as reviewing documentation provided by the Michigan Department of Corrections. Should there be a conflicting opinion between the resident's own views and documentation available, the agency makes an informed decision as to what is the most appropriate placement of the resident while taking his/her own views into consideration while maintaining the physical and sexual safety of all the residents and staff at New Paths Inc.

There were no transgender or intersex residents residing at New Paths Inc. at the time of this audit. Therefore, the audit team was not able to interview nor see the placement of either a transgender nor intersex resident. However, upon conducting formal and informal interviews with staff, it was clear that staff were fully aware of agency policy not to conduct strip searches of residents in order to determine their genital status. All staff indicated they have never done so.

.215(f) The agency has a policy in place for conducting training of 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. Specifically, policy states NPI shall train security staff in policies and procedures that prohibit cross-gender pat-down searches, and searches of transgender and intersex residents.

New Paths Inc. provided their training outline which specifically details the training and steps staff are to take while conducting search, clothed and unclothed, of residents housed at the facility, including searches of cross-gender and transgender residents. Specifically, agency policy requires the residents own views to be considered with determining whether to allow male or female staff to conduct searches of cross-gender and transgender residents. The agency's training module address this policy and clearly outlines steps to be taken when conducting clothed and unclothed searches. Specifically, the training module requires clothed and unclothed searches to be performed by staff of the same gender, opposite gender searches of any type are strictly prohibited, except in cases of cross-gender and transgender searches which must be performed by "approved staff" based upon guidelines already addressed in agency policy. Furthermore, details on how to preform applicable searches in a manner that provides for a comprehensive search without being unnecessarily invasive on behalf of the staff member toward the resident.

While conducting interviews with staff and reviewing training documents provided by the agency, it was determined training was provided to all staff, and, through multiple observations of searches being performed during the on-site visit, it is clear to the audit team that the training was effective. The agency's security supervisor is responsible for providing this training and utilizes his many years of security experience to educate staff on appropriate search procedures.

Upon discussions with New Paths Inc. leadership, the audit team was informed that cross-gender strip searches, visual body cavity searches, and pat-down searches (both male and female) are strictly prohibited and the agency ensures sufficient staff of both genders are always available to conduct any necessary search of

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| | <p>residents of the same gender as the staff. While conducting formal and informal interviews with staff and residents alike, and in reviewing the agency’s staffing plan and various work schedules, it was clear to the audit team that this is indeed the standard at New Paths Inc. This practice certainly meets the criteria of substantially exceeding the requirements of this standard which would allow the audit team to conclude the agency exceeds the standard. However, because agency policy does allow for cross gender strip searches and visual body cavity searches in exigent circumstances, as allowed by the standard, and gross-gender pat-down searches in exigent circumstances, also allowable by the standard, the audit team’s finding is the agency Meets the Standard. Should the agency adjust its written policy to reflect the actual procedure being practiced at the facility, a finding of exceeds the standard would be appropriate.</p> |
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|-----------------------|---|
| <p>115.216</p> | <p>Residents with disabilities and residents who are limited English proficient</p> |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>.216(a) New Paths Inc. has taken appropriate steps to ensure residents with disabilities have equal opportunity to participate in and benefit from all aspects of the agency’s efforts to ensure the sexual safety of all residents and in regard to resident rights to report such abuse and harassment. The agency ensures those who have disabilities and who have limited English proficiency are awarded the same opportunities to benefit from agency’s efforts. New Paths Inc. policy specifically states, NPI shall take steps to ensure individuals with disabilities, including those who are deaf or hard of hearing, blind, or who have intellectual, psychiatric or speech disabilities. Policy also states those effected by the above shall have equal opportunity to participate in or benefit from NPI’s efforts to prevent, detect, and respond to sexual abuse and harassment. Furthermore, New Paths Inc. policy mandates the right to interpreter services for those who are not English proficient or are in need of specialized vocabulary assistance. Literature is provided during intake that outlines all of the efforts taken by the agency to ensure the sexual safety of its residents. New Paths Inc. staff present the information and are required and readily available to present the information in a verbatim oral format for those who are unable to read the material for themselves.</p> <p>New Paths Inc. Accessibility Plan (AP) is a policy that states the goal of New Paths Inc. is to provide quality service to all persons inclusive of those with disabilities. In regard to communication, the AP states New Paths Inc. will ensure clients, staff and their communities are fully informed of their program services through written materials, signage, telephone, the internet, and through policies and procedures. Persons with hearing impairments who understand American Sign Language (ASL) are seen by staff versed in ASL, if available, or through interpreters otherwise. Staff are also trained to assist with TDD calls if necessary.</p> |

It should be noted here, New Paths Inc. does everything within its power to ensure it meets the needs of any resident assigned to its facility, including providing interpreter services when necessary at no cost to the resident. However, the agency reserves the right to refuse treatment to anyone who does not meet the requirements necessary for New Paths Inc. to effectively provide the treatment and services for which it is designed to provide. This means, if a perspective resident is assigned to New Paths Inc. for any reason who is blind, deaf, intellectually challenged, has significant psychiatric disabilities, or is unable to communicate effectively in English (with the use of available interpreter services), is not suitable for treatment and will be immediately transferred to a facility better suited to meet the individual's needs.

During the on-site visit, there were no residents at New Paths Inc. who were blind, deaf, intellectually challenged, had significant psychiatric disabilities, or were unable to communicate effectively in English (with the use of available interpreter services). Therefore, the audit team has determined the policy in place to prohibit services to those who cannot effectively communicate with New Paths Inc. staff and there able to take full advantage of the services offered by the agency is being adhered to.

Upon discussions (formal and informal) with staff and residents alike, everyone indicated no residents were allowed to remain at New Paths Inc. who could not communicate effectively. All stated that New Paths Inc. staff did an effective job trying their best to communicate with those who had difficulty, including making interpreters available when necessary (none had been utilized since the last PREA audit) before making a determination to exclude them from the program.

.216(b) New Paths Inc. has taken reasonable steps to ensure those who are limited English proficient have full and unabridged access to all aspects of the agency's efforts to ensure their sexual safety. This includes adding language into policy that specifically require residents who are limited in English will have the right to interpreter services when necessary. New Paths Inc. also provide specialized training to its staff in the area of Limited English Proficiency (LEP) in order to ensure everyone at New Paths Inc. is aware of and can assist in detecting a resident who may be LEP and in need of evaluation to determine fitness for programming.

The audit team was provided with the LEP training overview. The training discusses Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and the U.S. Department of Justice's (DOJ) Title VI regulations at 49 CFR Part 21. The training also covers former President Clinton's Executive Order 13166. The training for staff addresses recipient's responsibilities to LEP persons and addresses the types of discrimination to avoid when working with LEP persons.

New Paths Inc. Accessibility Plan (AP) also requires, for Limited English individuals, services in a variety of ways. Those who are Limited English are either seen by staff who are proficient in their own language, through interpreter services, or referral to another local agency who can meet their needs. Furthermore, the AP states Limited English proficiency brochures are posted at all sites that provide support staff

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| | <p>telephone access to interpreter services. Throughout the facility, “Notification of Rights” posters are posted informing residents of their rights to receive oral translation services in their primary language. These are posted in five different languages.</p> <p>During the on-site tour, the audit team was able to view the “Notification of Rights” posters throughout the facility as well as the posted Limited English proficiency brochures for staff to access interpreter services when necessary.</p> <p>Again, there were no Limited English residents present at the time of the audit and New Paths Inc. has not needed to utilize interpreter services within the last 12 months. Therefore, the audit team was not able to observe this process in action. However, postings throughout the facility provided staff and residents with sufficient information to guide them in appropriate procedures should a Limited English resident arrive. Upon discussing with staff at New Paths Inc., it is clear to the audit team that everyone was trained and were well aware of the tools available and what policy requires of them in regard to assisting Limited English residents when necessary.</p> <p>.216(c) New Paths Inc. policy strictly prohibits the use of resident interpreters except where safety is an immediate concern. The audit team did not see any evidence of resident interpreters which conducting the audit, and staff and residents alike did not indicate any knowledge of utilizing residents as interpreters in the past.</p> <p>The readily available interpreter services, policy requirements established by New Paths Inc., and the availability of postings throughout the facility has assured the audit team that New Paths Inc. is in full compliance with this standard. Furthermore, interviews with staff and residents have verified they are fully aware of the postings and how to access the information if needed. The audit team was able to review postings throughout the facility. For these reasons the audit team finds the agency Meets the Standard.</p> |
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| 115.217 | Hiring and promotion decisions |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>.217(a) New Paths Inc. strictly prohibits the hiring of individuals who have a history of sexual abuse, activity and/or harassment in any and all environments. It is New Paths Inc. policy and the Human Resources Department’s responsibility to conduct thorough background checks for anyone who is offered a position who may have contact with residents to ensure there is not a history of sexual abuse or harassment while in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force of any kind, overt or implied. This includes continuous annual Law Enforcement Information Network</p> |

(LEIN) checks for anyone working with New Paths Inc. This ensures anyone working for New Paths Inc. is continuously screened for unreported behavior.

New Paths Inc. has developed an employee application that specifically asks if the applicant has ever been convicted for any violation of the Prison Rape Elimination Act (PREA) or have been civilly or administratively adjudicated to have engaged in any violation of the Act. A thorough review of employee files has revealed all employees have completed the PREA questions on their respective employee applications.

Upon interviewing the Director Jim Hudgens, as the Human Resources representative, he indicated that each and every person offered employment at New Paths Inc. undergoes a detailed background check to ensure there have been no past incidents of sexual abuse or sexual harassment involving the prospective employee. This includes running detailed LEIN checks and I-Chat criminal history background checks each and every time in addition to contacting former institutional employers regarding such behavior.

New Paths Inc. does not employ contractors in any way. All services offered by New Paths Inc. are administered by staff directly employed by New Paths Inc. According to New Paths Inc. Director, the agency ensures appropriate professional staff are employed by New Paths Inc. in order to ensure they can provide the highest level of care and support to their residents without requiring contractual support.

The audit team spoke with several staff and residents during the on-site tour and asked about contracted services. The consensus is contractors are not present at the facility and that all services provided to residents are administered by agency staff. Every time the audit team entered into discussions with New Paths Inc. about the various services offered by the agency, the team inquired if the service(s) were provided by staff or if they were farmed out. Each and every service mentioned was the direct responsibility of a staff member or a team of staff employed by the agency. In the end, the audit team was convinced services were not administered by contractors. If any services, such as medical treatment, those services were provided off site by other professionals, such as hospitals and clinics.

.217(b) As mentioned in 115.217(a), New Paths Inc. conducts thorough background checks, and directly asks applicants about sexual abuse and sexual harassment on employment applications. According to new Paths Inc. Director, Jim Hudgens, in complying with the agency's zero tolerance standard against sexual abuse and sexual harassment, no consideration for employment or promotion is given to any who engage in such behavior.

Again, New Paths Inc. does not employ any services from contractors.

.217(c) New Paths Inc. is committed to maintain a safe environment in which residents can take full advantage of the services offered by the agency. In order to do so, New Paths Inc. ensures staff employed by the agency are professional and committed to the agency's zero tolerance policy in regard to sexual abuse and harassment of its residents. Therefore, New Paths Inc. conducts criminal

background checks on its employees on an annual basis. This process far exceeds PREA requirements of conducting criminal background checks once every five years.

Additionally, New Paths Inc. has developed and implemented an Employment Experience forms from which the agency requires applicants to provide former employment contact information. This allows New Paths Inc. to contact all previous employers to inquire about past incidents of sexual abuse or harassment before making final hiring decisions. Upon interviewing New Paths Inc. Director, Jim Hudgens, he informed the audit team that omission of former institutional employment is grounds enough not to hire. He cited at least one incident when an applicant chose not to disclose former employment within an institutional setting. The fact the applicant chose not to disclose this information was reason enough not to offer the applicant a position with the agency.

.217(d) New Paths Inc. does not employ the services of any contractors. All services rendered at New Paths Inc. are provided by staff directly employed by the agency. However, agency Director, Jim Hudgens has assured the audit team, if the agency were to change policy and begin to utilize contractors, they agency would implement policy and procedure ensure it conducts criminal background checks on contracts before enlisting their services.

.217(e) New Paths Inc. is committed to maintain a safe environment in which residents can take full advantage of the services offered by the agency. In order to do so, New Paths Inc. ensures staff employed by the agency are professional and committed to the agency's zero tolerance policy in regard to sexual abuse and harassment of its residents. Therefore, New Paths Inc. conducts criminal background checks on its employees on an annual basis. This process far exceeds PREA requirements of conducting criminal background checks once every five years.

New Paths Inc. Director provided the audit team with verification that every New Paths Inc. staff member had a LEIN run on them by the Michigan Department of Corrections (MDOC) on December 18, 218. Each MDOC contractor is required to provide a list of names to the Department, annually, of every person employed by the contractor who is in need of a LEIN check. New Paths Inc. policy and practice is to have 100% of the staff employed by New Paths Inc. LEIN checked/cleared annually. The appropriate form was submitted and LEIN checks were performed by the MDOC for all New Paths Inc. staff. This process exceeds the requirement of this standard to run such checks on staff once every five years.

.217(f) New Paths Inc. has developed an employee application that specifically asks if the applicant has ever been convicted for any violation of the Prison Rape Elimination Act (PREA) or have been civilly or administratively adjudicated to have engaged in any violation of the Act. A thorough review of employee files has revealed that 100% of applicants are required to complete this portion of the application before moving on to the next step in the hiring process.

Furthermore, each applicant undergoes a formal background check through LEIN and I-Chats before finalizing an offer of employment to ensure omissions of

information of this nature are found, if they exist. Interviews with staff indicated everyone is aware of New Paths Inc. formal process to detect involvement with sexual abuse or harassment on behalf of qualifying applicants.

Additionally, agency policy, required MDOC handbook, and the employee handbook work in concert to impose upon employees a continuing affirmative duty to disclose any such misconduct

The actions of Agency Director, Jim Hudgens and his staff have been sufficient to exceed this standard in its entirety.

.217(g) New Paths Inc. takes material omissions regarding PREA related misconduct and materially false information seriously and the presumptive discipline for such acts is termination. In fact, as mentioned earlier in this standard, New Paths Inc. Director, Jim Hudgens declined to offer a position to an applicant when it was discovered the applicant neglected to include his/her prior institutional employment. The omission of such a material fact on the applicant's application was sufficient enough for the hiring authority to determine the character of this applicant did not meet with the high standards the agency has set for its employees.

Agency policy requires applicants to sign applications certifying the information on the application is true the best of the applicant's knowledge. The certification specifically states that any misrepresentation of fact on the application, if discovered after the applicant is employed by New Paths Inc. may result in discharge. Upon detailed discussions with New Paths Inc. leadership/administrative team, it was made clear to the audit team that any PREA related omission or misrepresentation shall result in termination and no lesser form of discipline is authorized.

Upon conducting interviews with staff, all who were asked stated clearly that they understood New Paths Inc. policy regarding zero tolerance for sexual abuse and sexual harassment, including their requirement to disclose any past involvement.

All staff clearly stated they understood the policy of New Paths Inc. to be immediate termination of employment should an applicant lie or omit information of this nature in the application process.

.217(h) New Paths Inc., as an institutional employer, has a duty to respond to inquiries from other institutional employers regarding substantiated allegations of sexual abuse and sexual harassment perpetrated by any former New Paths Inc. employee. New Paths Inc. Director, Jim Hudgens indicated he absolutely will provide such information to other institutional employers when asked. However, in order to fully comply with State Law, New Paths Inc. will only provide such information on "substantiated" cases, allegations in and of themselves do not constitute substantiated cases and details of this nature will not be disclosed.

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| | <p>There were no examples of other institutional employers inquiring about such conduct perpetrated by a former New Paths Inc. employee for the audit team to review. Nor have there been any substantiated cases of sexual abuse or sexual harassment perpetrated by new Paths Inc. employees within the past 12 months for New Paths Inc. to report if an inquiry had been made. Therefore, the audit team must rely on the assurance from the agency’s leadership team, including its director, this policy will be followed. There is no doubt in the minds of the audit team that the agency would do so. Their policy and practice throughout the audit process continue to demonstrate not only their willingness to comply with all PREA standards, but an affective shift in culture for the full and complete protection of its residents.</p> <p>New Paths Inc. does an excellent job of screening new applicants for any past history of sexual abuse and sexual harassment. The agency implements a number of practices to ensure it captures any possible history of such behavior, including affirmatively asking applicants on job applications regarding such behavior, indicating that deliberate omissions are grounds for termination or discontinuation of further consideration, utilizing the Law Enforcement Information Network (LEIN) and the Michigan State Police’s I-Chat criminal history search tool in order to determine if any historical misconduct exists.</p> <p>Staff interviews and thorough reviews of staff files have indicated that all aspects of the agency’s policy to detect such misconduct before hiring and throughout staff time employed by the agency are being implemented and followed as required in the agency’s written protocols.</p> <p>Furthermore, the audit team has received sufficient documentation from the agency to assure the audit team that current staff are being asked during promotional interviews and during a 100% staff review of misconduct related to sexual abuse and sexual harassment. The agency has developed standardized questions to ask staff during promotional interviews and throughout the entire hiring process that meets the requirements of this standard. For the reasons mentioned above the audit team finds the agency exceeds this standard.</p> |
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| 115.218 | Upgrades to facilities and technology |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>.218(a) and (b) New Paths Inc. continuously reviews and updates all their security efforts, including updates to staffing and technology as needed. However, there have been no acquisitions of property or substantive additions to its current physical plant during this audit period.</p> <p>The agency has made several minor improvements to its existing physical plant that not only enhances the sexual safety of its residents, but significantly enhances the</p> |

overall safety of its residents, staff and visitors alike. There are currently nearly 30 cameras throughout its facilities. The cameras sufficiently cover blind spots and corners where potential assaults may occur in the absence of enhanced observation. The cameras are a clear enhancement to staff presence throughout the facility and in locations where no camera is currently present, such as the inside the gymnasium, staff presence is required, and multiple residents are present as well. The audit team encouraged the agency to continue having detailed discussions about how the placement of cameras enhances the sexual safety of its residents and Mr. Hudgens assured the audit team that this was indeed the purpose of placing additional cameras within the facility as appropriate.

Other security improvements include audible alarms on emergency exit doors and stairwells. With New Paths Inc. operating as a medical hospital in a former life, ensuring the agency is preventing staff and residents from entering areas that are off limits and my present opportunity for sexual victimization while simultaneously adhering to other state laws, such as fire codes, can be a tricky endeavor. However, New Paths Inc. has found a solution to such difficult circumstances. There are alarms placed on doors that must remain unlocked, but which led to secluded areas of the facility in order to notify staff throughout the facility that such areas have been entered. This is a clear deterrent for staff and residents alike. Should someone attempt to lure a perspective victim into such a secluded area, the corresponding alarm would alert staff from throughout the facility who are required to respond to the alarm. The audit team is sufficiently convinced these areas would not be a location of sexual abuse as a result of the alarm systems that have been put in place.

Furthermore, everyone is aware of the alarm systems and have indicated they are aware of these areas as being off limits. During the on-site tour, it was evident by the audit team that residents do not enter these areas. Also, the many cameras placed throughout the physical plant of New Paths Inc. clearly observe the entrances to these areas. Should an incident occur (no instances of sexual abuse have been reported as occurring in these areas), camera footage would clearly capture everyone who entered/exited these areas.

Camera footage at New Paths Inc. is digitally recorded and the agency has the storage capacity to capture several days of footage at any given time. The audit team feels this is a sufficient storage capacity for a facility of this size and exceeds most community confinement facilities. The agency's video storage capacity allows ample time, should an incident occur, for the alleged victim to report and agency staff to download and protect any and all camera footage necessary for a thorough and complete investigation. Upon interviewing the agency's sole Sexual Abuse/Harassment Investigator, Jim Hudgens, he indicated the first thing he does when an allegation is received is to immediately download all the camera footage leading up to, during and immediately following the time and location of the alleged incident. This has proven valuable in both substantiating and dismissing allegations that have occurred at New Paths Inc.

New Paths Inc. is a small, non-government, not for profit community confinement

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| | <p>facility that operates on a shoestring budget like any other similarly operated facility of this nature. However, the enhancements to security and the steps they've taken to ensure the sexual safety of their residents, including installing a high quality digital camera system with plans to enhance their system as well as thinking creatively to ensure staff and residents are deterred from entering areas that may make one susceptible to assault, puts the agency at the top of comparable programs of this nature.</p> <p>It is evident by the limited number of allegations of abuse the agency has received since their last PREA audit that their efforts are effective. In spite of achieving such success in the prevention of abuse, the agency continues to be proactive in enhancing and advancing their security measures, including upgrading video recording/camera systems and actively seeking improved facilities in which to relocate the program all together. For these reasons, the audit team has found the agency Exceeds the Standard.</p> |
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| 115.221 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>.221(a) New Paths Inc. only allows one staff member to conduct initial inquiries into allegations of sexual abuse or sexual harassment. That staff person is agency Director Jim Hudgens. However, Director Hudgens is actively training additional staff to conduct these inquiries, further enhancing the agency's ability to swiftly respond to allegations should they occur.</p> <p>Director Hudgens as decades of experience working with this population and working within a community confinement setting. He relies on his years of experience and expertise while addressing allegations of sexual abuse and sexual harassment, including conducting thorough investigations into such allegations.</p> <p>The agency is only responsible for conducting initial inquiries into allegations and immediately forwards the allegations to appropriate MDOC staff and, if potentially criminal, to local law enforcement to conduct administrative and criminal investigations on behalf of the agency. The agency responsible for criminal investigations depends on where the responding officer is employed and may include the local Flint Police Department, the Genesee County Sheriff's Department, or the Michigan State Police.</p> <p>Although the agency itself is not responsible for the direct collection of physical and/or forensic evidence, they do recognize their duty and responsibility to ensure such evidence, if present, is protected in order to allow those responsible for collection to do so. Agency policy requires, where physical evidence may be present, a uniform evidence protocol shall be implemented which includes ensuring the alleged victim does not do anything that may contaminate or remove evidence. These steps</p> |

include not showering, eating, drinking, brushing teeth or using the bathroom. Agency policy also requires the area of the reported occurrence of sexual abuse to be cleared and remain empty until proper authorities have cleared the scene.

Upon detailed conversations with staff, it is apparent to the audit team that staff, both custody and non-custody, are fully aware of their duty to protect forensic evidence and the steps they are required to take to ensure the protection of such evidence until collected by appropriate law enforcement agencies.

.221(b) New Paths Inc. does not conduct criminal nor administrative investigations into allegations related to sexual abuse or harassment. Therefore, this portion of the standard is not applicable.

The agency depends on SANE/SAFE staff at the local hospital to conduct forensic exams when necessary. The agency as requested such staff follow the same protocols as outlined in PREA.

Thorough discussions with staff have concluded that all staff employed by New Paths Inc. have a sufficient understanding of agency policy in regard to protecting and collecting forensic evidence.

.221(c) As mentioned above, the agency ensures every allegation of sexual abuse is reported to law enforcement by calling "911." In cases where the timeline of the assault indicates there may be forensic evidence still present, the agency allows for the alleged victim to be seen by medical professionals at the local hospital, as outlined in agency policy. By ensuring the agency has a local MOU in place for supportive services of victims, to include SANE/SAFE trained staff to perform forensic examinations, the likelihood of one not being available at the time of need is significantly reduced.

At the time of the on-site visit, there were no residents who had experienced sexual abuse while residing at New Paths Inc., therefore the audit team was unable to inquire whether the policy and practice applicable to this standard were being effectively administered. However, upon conducting interviews with staff, it is evident to the audit team that everyone at the agency is well aware of the procedures expected of the agency.

.221(d) The agency has in place an active MOU with the YWCA of Greater Flint to provide victim advocacy services to its residents when necessary. Audit Todd Butler contacted the YWCA by telephone and inquired about the agreement between New Paths Inc. and the YWCA. The details of the MOU were fully understood by the receptionist. Specifically, the YWCA has fully trained staff who work specifically with victims of sexual abuse, including educating the victim of the steps and timelines of the investigative process. When asked by auditor Butler if there were advocates available 24/7, the YWCA responded in the rare case an advocate was not currently available at the facility, an on-call advocate would be called in immediately. The YWCA confirmed the services were available at no cost to New Paths Inc.'s residents and that they would be available to accompany the victim to the hospital and throughout the investigative process if requested by the victim.

Upon interviewing agency Director Jim Hudgens, it was learned that not only are victims allowed to have an advocate present throughout the process if requested, the agency encourages the victim to take advantage of the advocacy services provided by the YWCA. Director Hudgens indicated the services provided by the YWCA can only stand to help the victim cope with the trauma associated with abuse and the purpose of New Paths Inc. is treatment, therefore encouraging victims to utilize the services offered by the YWCA fits with the New Paths Inc. treatment model.

.221(e) As mentioned above, the agency always makes available to a victim of sexual abuse, an advocate from the YWCA of Greater Flint. The YWCA of Greater Flint is a rape crisis center and is the agency in the Greater Flint area responsible for training victim advocates for other organizations. Therefore, any victim advocate provided to residents for New Paths Inc. is not only screened for appropriateness, they are sufficiently trained so provided advocacy services to victims of sexual abuse. Although there were no victims of sexual abuse present at New Paths Inc. during the on-site visit to confirm the agency provided a victim advocate and allowed them to accompany and support the victim through the forensic medical examination process and investigatory interviews, based upon agency policy and procedure along with detailed staff interviews, the audit team is certain the agency would allow such practices to occur when necessary.

While conducting the telephone interview with the YWCA, auditor Butler was assured by the agency that anyone providing support to a victim would be providing emotional support, crisis intervention, information, and referrals as necessary.

.221(f) It is the policy of New Paths Inc. to utilize local law enforcement to conduct all criminal investigations of alleged sexual abuse reported at New Paths Inc. As such, the agency is assured such investigations follow all applicable rules, laws, and regulations required of such investigations. Furthermore, New Paths Inc. Director, Jim Hudgens, indicate and demonstrated to the audit team that he maintains a strong working relationship with the individual investigators in order to ensure the investigation and New Paths Inc. are in full compliance with the requirements of the Prison Rape Elimination Act. Specifically, Director Hudgens maintains positive contact with the assigned investigator of each allegation under investigation throughout the duration of the investigation. Fortunately for New Paths Inc., the number of sexual abuse allegations received by the agency in the past 12 months is two.

.221(h) This portion of the standard is not applicable to New Paths Inc. because the agency always makes a victim advocate from a rape crisis center available to victims.

Agency policy, practice and training modules have addressed all aspects of this standard sufficiently to meet compliance. Equally as important, the audit team was able to derive, through detailed formal and non-formal interviews of staff, residents, and outside partnering agencies, that the details of New Paths Inc. policy and practice in response to this standard are being understood, implemented and adhered to and sufficiently ensure the protection of evidence, provision of

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| | <p>applicable examinations and the support of victims. Although there were no victims of sexual abuse to interview during the on-site visit, the audit team is assured all practices intended for the support of victims would be adhered to in accordance with agency policy and the Prison Rape Elimination Act. For these reasons, the audit team finds the agency Meets the Standard.</p> |
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| 115.222 | Policies to ensure referrals of allegations for investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>.222(a) Agency policy states an administrative or criminal investigation will be conducted for all allegations of sexual abuse and sexual harassment. New Paths Inc. only received two allegations of sexual harassment since their last audit. The audit team was allowed to review each of the investigative packets verifying 100% of all allegations were referred for appropriate investigation to MDOC.</p> <p>Upon interviewing the agency’s Director, Jim Hudgens, who is also the agency’s sole investigator, it is clear that every allegation is taken seriously and immediately investigated. Every allegation is referred to MDOC within 24 hours of being made aware of an incident and for any allegation that may be criminal in nature, Director Hudgens ensures local law enforcement is immediately contacted via a “911” phone call in order to immediately initiate a criminal investigation.</p> <p>.222(b) Agency policy requires allegations of sexual abuse and sexual harassment to be referred to an agency with legal authority to conduct such investigations. This policy also requires the agency to publish it on the agency’s website.</p> <p>Upon reviewing all allegations received by New Paths Inc. since their last audit, it is clear the agency is reporting all allegations to MDOC and those that appear to be criminal to local law enforcement for an appropriate criminal investigation.</p> <p>.222(c) Agency policy (Policies to ensure referrals of allegations for investigations) states:</p> <ul style="list-style-type: none"> a. New Paths, Inc. will make sure that an administrative investigation or criminal investigation is completed for all allegations of sexual abuse or sexual harassment at New Paths, Inc. b. It is the policy of New Paths, Inc. that all allegations of sexual abuse or sexual harassment at New Paths, Inc. will be referred for investigation by the Michigan State Police, which is the law enforcement agency with legal authority to handle criminal matters occurring at New Paths, Inc. All accusations of criminal behavior will be referred. c. All referrals for criminal investigation will be thoroughly documented and this |

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| | <p>policy will be posted on the New Paths, Inc. website under the New Paths, Inc. PREA tab.</p> <p>d. The Michigan State Police will have authority in criminal investigations and New Paths, Inc. will defer to their jurisdiction. In some cases, a New Paths, Inc. agency-assigned investigator will conduct a parallel inquiry, but will never interfere with or impede the Michigan State Police’s criminal case.</p> <p>e. New Paths, Inc. is not a State entity or Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities.</p> <p>Although New Paths, Inc. itself is not responsible for investigating administrative or criminal allegations of sexual harassment or abuse, New Paths, Inc. will request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.</p> <p>Based upon a thorough review of New Paths Inc. policy, procedure and review of all investigations into allegations of sexual abuse and sexual harassment, the audit team has discerned the agency is in full compliance with all aspects of this standard including posting all applicable policies on its website at Newpaths.org. The audit team now finds the agency Meets the Standard.</p> |
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| 115.231 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>.231(a) New Paths Inc. policy requires all new employees to receive New Employee Orientation within the first 60 days of their employment. A new employee Training Checklist, the MDOC Vendor Handbook for Vendor Employees, New Paths Inc. Code of Ethics and Work Rules and New Paths Inc. Code of Ethics and Prison Rape Elimination Act are all used to orientate new employees. Between the various documents, each requiring a signature by the employee indicating the employee has received and understands the training they have been provided, covers the following in detail:</p> <ul style="list-style-type: none"> · Agency policy review, including agency’s zero tolerance policy toward sexual abuse and sexual harassment · Guidelines for taking action on behalf of residents, specific to PREA · Recipient Rights, specifically the rights of residents to be free from sexual abuse and sexual harassment. More specifically, resident’s right to be free from retaliation if reporting or participating in an investigation regarding sexual abuse and sexual harassment allegations |

- The History of PREA, Gender Responsive Treatment, Impact of Trauma, and Differences in Treating the Offender Population, collectively address the impact sexual abuse and sexual harassment have on incarcerated persons as well as their common reactions to such events
- Guidelines for how to detect and react on behalf of residents when addressing sexual abuse and sexual harassment
- Ethics and Work Rules along with MDOC Vendor Handbook which all address inappropriate relationships with residents
- Under the agency policy review, RPS-02 Recipient Rights, Specific Rights outline staff responsibility to treat and communicate with residents in a sensitive manner especially with regard to cultural, social, psychological, physical, and spiritual matters, including sexual preference or orientation.
- The agency has detailed training specific to mandatory reporting of known or suspected sexual abuse and sexual harassment. All New Paths Inc. residents are informed as well in regard to the policy of New Paths Inc. in that all staff are mandated to report any and all sexual abuse and sexual harassment allegations or suspicions. New Paths Inc. residents are repeatedly informed confidentiality is limited while at New Paths Inc.

Detailed interviews with staff, both formal and informal, reveal staff are fully aware of all the requirements outlined in their training specifically regarding the sexual safety of residents and conducting themselves in a professional manner. During the on-site visit, the audit team had ample opportunity to see agency staff perform their day-to-day activities. What the audit team witnessed, without exception, was the level of professional conduct expected of staff who have not only received such comprehensive training, but fully understand the training they were provided.

Additionally, the audit team reviewed random samples of employee personnel files. Of the files reviewed, the vast majority, only two were missing, initials next to each and every item listed on the New Employee Orientation Checklist. Even those with missing initials, the form overall was signed by the employee and the training office indicating the employee received all of the training provided. Furthermore, the audit team did not speak to a single staff member who was not fully aware of their full scope of duties in regard to PREA.

.231(b) All staff at New Paths Inc. receive the same new employee orientation which addresses in detail all aspects of working with incarcerated persons whether they be male or female. That said, New Paths Inc. has a strict policy against male staff working directly with female residents in a female setting. All staff have daily encounters with both male and female residents, even if the interaction is brief and involves informing the resident to wait patiently until a same gender staff member can be summoned to perform duties such as searches and urine collection. That said, the audit team has found the training to be sufficient to address the unique characteristics of working with both male and female residents and every staff member receives the training.

.231(c) New Paths Inc. provides and records all employee training. Each employee completes an Orientation Topics checklist verifying they have received all the necessary training required by policy. A thorough review of employee files verified all employees have completed the required training.

New Paths currently provides updated training to all employees as needed and in accordance with the standard. However, while the audit team was conducting the on-site tour and conducting informal interviews and discussions with staff in regard to the training they received, New Paths Inc. Director, Jim Hudgens noted he was not satisfied with the depth of understanding a couple of staff demonstrated. Therefore, Director Hudgens informed the audit team that policy revisions regarding employee training were in order. Specifically, PREA related training will be enhanced in order to ensure a more thorough understanding of the standards, staff responsibilities, and the expectations of the agency. Director Hudgens inquired of the audit team if they had any best practices suggestions for the agency, to which Auditor Butler suggested exceeding the standard and requiring all staff to undergo all PREA related training on an annual basis in its totality rather than semiannually as required by the Act. Director Hudgens indicated he would be moving toward that model in the future.

Once New Paths Inc. updates agency policy to require all PREA training on an annual basis for all New Paths Inc. staff, the agency will be exceeding the minimum requirements of this standard and a finding of exceeds the standard can be found.

In the meantime, the agency is meeting the minimum training requirements and the audit team has found that every New Paths Inc. employee the team engaged during the on-site visit had at least a basic understanding of their duties and responsibilities regarding the sexual safety of the agency's residents. For these reasons the agency is in compliance with this standard.

| 115.232 | Volunteer and contractor training |
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| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="274 1541 564 1574">Auditor Discussion</p> <p data-bbox="274 1617 1481 1776">New Paths Inc. does not currently employ the efforts of contractors nor volunteers in order to complete its mission. Therefore, no documentation exists, no interviews were possible, and no means of observation of contractors nor volunteers was possible during this audit.</p> <p data-bbox="274 1816 1469 2101">That said, New Paths Inc. Director, Jim Hudgens, has assured the audit team of his intent to mandate the same training requirements for any contractors or volunteers should the agency decide to utilize them in the future. Because the agency has done such a thorough job in regard to training and documentation of its current staff, the audit team is fully confident of the agency's ability and willingness to do the same for any contractors and volunteers in the future. Furthermore, the audit process does not allow for a finding of "Not Applicable" and a finding of "Does Not</p> |

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| | Meet Standard” is inappropriate, the audit team has found the agency to be in compliance with the intent and spirit of this standard. |
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| 115.233 | Resident education |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>.233(a) New Paths Inc. policy states in order to establish and inform persons served of their rights protected by law, upon admission and annually thereafter, each person admitted to New Paths Inc. receives a notification of New Paths Inc.’s zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of abuse or harassment, their rights to be free from sexual abuse and harassment and to be free from retaliation for reporting such incidents.</p> <p>Additionally, each resident is provided with detailed information on how and to whom reports of allegations may be reported. These methods include providing written information to New Paths Inc. Director, Jim Hudgens by placing a written memo in the “Conditions of Residency” box. Several “Conditions of Residency” boxes are placed throughout the facility including in common and program areas as well as in resident housing areas. Only staff authorized by Director Hudgens have access to these boxes and all correspondence submitted in this manner goes directly to Director Hudgens for review and action. Furthermore, residents are provided with their own copy of “No Means No” which specifically various methods of reporting including providing two outside agencies to which residents may report, the Michigan Department of Corrections and the YWCA of Greater Flint. Phone numbers and mailing addresses for both agencies are provided. The “No Means No” poster is also posted throughout the facility including housing units, common and program areas, visiting areas and other areas frequented by the public.</p> <p>Detailed interviews were held with residents during the on-site visit. The audit team took every opportunity to converse with staff and residents alike during the facility tour. Without exception, every staff member and resident were aware of the agency’s postings and how to report any allegation of sexual abuse or harassment if necessary. The audit team saw postings throughout the facility and based upon observation and interviews, the number and locations of such postings are sufficient to keep both staff and residents informed of reporting options at New Paths Inc.</p> <p>.233(b) New Paths Inc. only operates one facility. They have demonstrated to the audit team that their efforts to educate residents of their general right to be free from sexual abuse and harassment, they are in no way responsible for providing training to residents who are leaving the agency to be housed elsewhere. That said, the audit team is convinced that the caliber of training provided by New Paths Inc. is sufficient to engrain into each resident, their inherent right to be free from abuse and harassment of any kind. The audit team believes New Paths Inc. has created a</p> |

culture of “see something, say something” that residents will take with them if transferred to any other confinement setting.

.233(c) New Paths Inc. policy states New Paths Inc. will take necessary steps to ensure individuals with disabilities, such as deaf or hard of hearing, blind, intellectual, challenges, psychiatric challenges, or speech disabilities, have an equal opportunity to participate in or benefit from all efforts to prevent, detect, and respond to sexual abuse and harassment.

New Paths Inc. does have a strict policy of requiring anyone who attends programming at the agency to be able to effectively communicate effectively.

Inability to effectively communicate with staff and other residents may be grounds to transfer the resident to a facility within another agency more suitable for meeting the needs of such a resident.

That said, New Paths Inc. does everything within its power to provided translation services to those in need and to use agency staff to work more closely with residents who may be in need of such assistance. New Paths Inc. employs the services of an agency called Communications Access Center. This agency provides translation services for a number of foreign languages, as well as translation services for the deaf and blind. New Paths Inc. covers 100% of the cost associated for these services in order to ensure residents are awarded the full opportunity to participate in the services provided by the agency, regardless of their ability to pay for such services.

At the time of the audit, no residents at New Paths Inc. were in need of translation services or additional staff support in cases of those who were intellectually challenged or could not read or write. During the on-site visit, the audit team was on the lookout for any resident who appeared he/she would benefit from translation services, but none were found. The audit team did verify with staff at all levels, from entry level to the Director’s, whether or not residents would be awarded such services if ever in need. Without exception, all staff indicated they were certain New Paths Inc. would provide such services if and when necessary.

.233(d) New Paths Inc. utilizes the Client Orientation Checklist to verify each and every resident has received all the necessary training to benefit from the services provided by the agency in a safe and effective manner. Each resident and a staff witness must sign the checklist verifying the resident received the necessary training.

An extensive review of resident files and thorough interviews with residents verified all residents are receiving the necessary training and the training is effective at providing each resident with the information needed to ensure their sexual safety as well as the sexual safety of their peers.

.233(e) As mentioned throughout this standard, the agency has done an outstanding job informing residents of their rights regarding sexual abuse and sexual harassment. In addition to providing each resident with their own copy of postings during their initial orientation, posters are hung throughout the facility

including in dining areas, housing units, common and treatment areas, and the visiting room. The audit team took note of how readily available the postings were throughout the facility. Furthermore, upon conducting interviews with staff and residents alike, all were able to describe the details of the postings and where they could be found.

A thorough review of agency policy has demonstrated New Paths Inc. has incorporated within its policies and procedures, specific details in regard to resident training which sufficiently address resident rights in regard to being free from sexual abuse and harassment while residing at New Paths Inc. Furthermore, the audit team was assured, through observation during the facility tour as well as through detailed interview, both formal and informal, with staff and residents alike, that New Paths Inc. efforts are sufficient in regard to insuring residents are fully aware of their rights and responsibilities in this regard.

However, the agency relies upon its partnership with the YWCA to fully accomplish these tasks. The agency has indicated they have a non-expiring agreement (MOU) with the YWCA but has not provided a copy to the audit team at the time of this report. For this reason, the audit team finds the agency Does Not Meet the Standard. Once the fully executed MOU with the YWCA is provided, the agency will be in full compliance with the standard.

Corrective Action: The agency has executed an MOU sufficiently addressing this standard. The MOU was provided to the audit team and the audit team has been in contact with the YWCA of Flint and is confident the two organizations are sufficiently working together to insure the sexual safety of the residents at Huron House and that any potential victims are awarded the necessary services as outlined in this standard. For these reasons, the agency now meets the standard.

| 115.234 | Specialized training: Investigations |
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| | Auditor Overall Determination: Exceeds Standard |
| | <p data-bbox="274 1525 564 1563">Auditor Discussion</p> <p data-bbox="274 1603 1477 2056">.234(a) New Paths Inc. Director, Jim Hudgens, is the sole investigator for the agency. As the individual responsible for conducting investigations into allegations of sexual abuse and sexual harassment, Director Hudgens has participated in the National PREA Resource Center’s (PRC) “Human Resources and Administrative Investigations Employee Training.” This training was developed, in partnership with The Project on Addressing Prison Rape American University, Washington College of Law. Although the PRC’s evaluation statement clearly states use of this module as a training guide does not guarantee an agency a finding of “meets the standard,” a thorough review of all training provided, agency response to allegations, and thoroughness of the agency’s investigations overall will provide the audit team with the evidence needed to determine an appropriate finding for the standard.</p> |

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| | <p>.234(b) The training provided by the PRC and completed by the agency's investigator covered, among other details:</p> <ul style="list-style-type: none"> · Conducting Investigative Interviews · Use of Garrity and Miranda · Evidence Collection · Evidence Required to Substantiate an Allegation <p>.234(c) The agency maintains the completed test performed by the investigator in the investigator's personnel file as evidence of training received.</p> <p>New Paths Inc. relies on a totality of all the training required by its investigator to address this standard. Specifically, the agency utilized the PRC's training overview as a guide to supplementing and fulfilling the requirements of this standard. Specifically, Module 7: Techniques for Strong Investigations outlines the necessary objectives covered in the specialized investigator training and was used by the agency to deliver its training. Collectively, the agency's investigator has received, and demonstrated through the training overview and certification within the employee's personnel file, responses to interview questions (both formal and informal) and the quality and completeness of the agency's investigations, sufficient training to meet the standard.</p> <p>The agency relies exclusively upon the expertise of the MDOC and local law enforcement to conduct all investigations into sexual harassment and abuse, both administratively and criminally. However, the agency still employs appropriate training to anyone who may be involved in assisting these outside entities with their respective investigations. This goes above and beyond what is necessary to comply with the literal and spiritual intent of the standard. For these reasons the audit team finds the agency exceeds this standard.</p> |
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| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>New Paths Inc. does not employ the services of medical nor mental health staff in order to complete its mission. Therefore, no documentation exists, no interviews were possible, and no means of observation of medical nor mental health staff was possible during this audit.</p> <p>That said, New Paths Inc. Director, Jim Hudgens, has assured the audit team of his intent to mandate the same training requirements for any medical or mental health staff, should the agency decide to utilize them in the future. Because the agency has done such a thorough job in regard to training and documentation of its current</p> |

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| | <p>staff, the audit team is fully confident of the agency’s ability and willingness to do the same for any medical or mental health staff in the future. Furthermore, the audit process does not allow for a finding of “Not Applicable” and a finding of “Does Not Meet Standard” is inappropriate, the audit team has found the agency to be in compliance with the intent and spirit of this standard.</p> |
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| 115.241 | Screening for risk of victimization and abusiveness |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
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| | <p>Auditor Discussion</p> |
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| | <p>.241(a)(b) All residents are assessed immediately upon arriving at New Paths Inc. Agency policy specifically requires all residents to be assessed during an intake screening for risk of being sexually abused by others or being sexually abusive toward others. The policy requires this screening to occur within 72 hours of the resident’s arrival at the facility.</p> <p>The audit team conducted multiple interviews (both formal and informal) of staff and residents alike. Without exception, the staff responsible for conducting intake and all of the residents interviewed confirmed the intake process was being conducted immediately upon a resident’s arrival. The only noted exceptions were the rare instance when a resident may arrive after normal business hours or on weekends or holidays. In such cases, the resident would be assessed first thing the next business day.</p> <p>The audit team reviewed multiple resident files, all of which contained completed copies of New Paths Inc. Trauma History Screen.</p> <p>.241(c) New Paths Inc. has developed a universal screening instrument for assessing the risk of abuse. The tool developed is used to screen for risk of being abused (New Paths Inc. Trauma History Screen - Part 1) and for risk of being abusive (Prison Rape Elimination Act (PREA) Victim/Abuser Status Screen – Part 2).</p> <p>.241(d) New Paths Inc. policy (RPS-07 Prison Rape Elimination Act) requires each resident to be assessed during intake for the following:</p> <ul style="list-style-type: none"> · Whether there is a mental, physical or developmental disability · The age of the resident · The physical build of the resident · Previous incarceration of the resident · Past criminal history of a non-violent vs. violent nature · Prior convictions of a sex offense(s) against a child or adult |
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- Whether the resident is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
- Any history of sexual victimization
- The residents own perception of vulnerability

The New Paths Inc. Trauma Screen, parts 1 and 2 combined sufficient address each subjected listed in this portion of the standard.

.241(e) The New Paths Inc. Trauma screen specifically asks about prior acts of sexual abuse. Furthermore, the Trauma Screen prompts the staff member performing the screen to ask the resident if they reported any previous acts of sexual abuse if perpetrated against the resident. The Trauma screen also affirmatively asks about prior violent offenses and prior institutional violence or sexual abuse. The agency also reviews the incarceration history of its residents and takes any acts of violence toward others into consideration before approving the resident for programming at New Paths Inc.

.241(f) New Paths Inc. policy specifically require a reassessment of all residents within a 30-day time period. The audit team reviewed the files of multiple residents and confirmed that the agency was complying with its policy and this standard.

.241(g) New Paths Inc. policy (RPS-07 Prison Rape Elimination Act) specifically require a reassessment 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. There have been no reassessments warranted due to referral, request, or receipt of additional information for the audit team to review.

In spite of no reassessments for the audit team to review, the agency has sufficient language within its policy to address the standard. Furthermore, detailed interviews with staff reveal a thorough understanding of agency policy in this regard and a knowledge of their responsibility to conduct additional assessments when warranted. Therefore, the audit team is comfortable determining the agency meets this portion of the standard.

.241(h)(i) New Paths Inc. policy requires the agency to conduct risk assessments with a no-reprisal expectation and without discipline for refusing to answer.

Furthermore, the Trauma Screen specifically states a resident cannot be disciplined for refusing to answer any of the questions on the screen. The final statement in agency policy in regard to assessments is that the PREA Coordinator shall exercise appropriate controls as to the dissemination of information is implemented.

Upon review of the agency's file storage procedure and while conducting detailed interviews (both formal and informal) with staff and residents alike, it is clear to the audit team that appropriate controls are being followed. Specifically, all resident files are secured behind a double lock system (locked door and locked file cabinets) and only staff who have a need to access files are allowed to do so. No staff indicated they had any knowledge of sensitive information of residents aside from

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| | <p>those staff one would expect to know, such as case managers and appropriate supervisory staff.</p> <p>Upon conducting detailed and thorough reviews of the agency’s policies in regard to screening residents for risk of being abused or being abusive, along with the agency’s file system, file retention system and in collaboration with detailed interviews of staff and residents, the audit team is convinced New Paths Inc. is screening every resident who arrives at New Paths Inc. within the time limits required by the standard. Therefore, the audit team finds the agency Meets the Standard.</p> |
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| 115.242 | Use of screening information |
| | <p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>.242(a)(b) New Paths Inc. policy requires the use of the screen tool to inform housing, bed, work, education, and program assignments with the goal of keeping separate individuals with a high risk of being sexually victimized from those with a high risk of being sexually abusive. Furthermore, policy states each resident will be individually assessed for safety issues.</p> <p>New Paths Inc. reserves the right to refuse treatment to anyone who does not meet the requirements necessary for New Paths Inc. to effectively provide the treatment and services for which it is designed to provide. This means, anyone who is screened to be a likely abuser is not suitable to receive the services offered by the agency and is therefore not allowed to enter the program. By doing so, the agency has guaranteed any resident who screens as a potential victim or otherwise is housed, assigned to work, education and program assignments in a safe manner separate from potential abuse.</p> <p>During the on-site visit, the audit team conversed with staff and residents alike who all verified New Paths Inc. efforts of ensuring the safety of its residents. Every resident interviewed indicated they felt safe while residing at New Paths Inc. In fact, some of the residents interviewed indicated they would have volunteered to come to New Paths Inc. had they not been assigned as a condition of their release.</p> <p>.242(c)(d) In this auditor’s opinion, New Paths Inc. has the most responsive approach to this standard he has seen to date. New Paths Inc. Director, Jim Hudgens, reported that New Paths Inc. is the only Community Confinement Facility in Michigan which accepts transgender or intersex residents. Agency policy requires agency staff to assign transgender and intersex residents to either a male or female housing unit on case-by-case basis only after assessing each individually.</p> <p>Furthermore, policy requires that the residents own views shall have significant weight in the decision-making process, especially in regard to the resident’s feelings about their safety and well-being.</p> |

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| | <p>When asked, Director Hudgens informed the audit team, although there were no transgender nor intersex residents at New Paths Inc. during the audit, they did have a transgender female (person assigned at birth as a male identifying as a female) residing in the past. Based upon an overall individual assessment, the agency made a determination to house the individual in the female housing unit. This practice is certainly in line with the letter and spirit of this standard.</p> <p>.242(e) New Paths Inc. has showering facilities separate from the common showering facilities used by the bulk of the population. On any given day, these locations are used for conducting strip searches of incoming residents or residents returning from an outside pass/assignment. These locations have been identified as a separate showering location for transgender or intersex residents who wish to shower separately from other residents. The audit team viewed these areas and they sufficiently allow residents to shower in a private manner separate from other residents. That said, the shower facilities utilized by the bulk of the population also allow for individuals to shower separately from others as each shower location is an individual stall with a solid curtain to provide privacy. Therefore, the fact the agency has ensured additional privacy for those in need goes above and beyond what is required of this standard.</p> <p>.242(f) New Paths Inc. policy states the agency shall not place lesbian, gay, bisexual, transgender or intersex residents in dedicated facilities based solely on the basis of identification or status, unless it is for the primary purpose of protecting such residents. The audit verified there were no such cells, housing units or facilities at New Paths Inc. solely dedicated to housing such individuals. Furthermore, as noted above in §115.242(c)(d), New Paths Inc. has demonstrated a thorough understanding of how to appropriately house and provided services to all populations or residents.</p> <p>The audit team conducted multiple interviews (both formal and informal) with staff and residents alike. Without exception, each had indicated they have never seen residents placed in specialized housing due to their sexual orientation or their gender identity.</p> <p>For the many reasons mentioned throughout this standard such as detailed policy requirements, staff training and education and demonstrated agency best practices, the audit team finds New Paths Inc. Exceeds the Standard.</p> |
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| 115.251 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | .251(a)(c)(d) New Paths Inc. policy requires the agency to provide multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by residents or staff for reporting such events and staff neglect of follow up on such |

reports. Furthermore, policy requires the staff to report in the same manner in which residents report and all reports, including third-party and anonymous reports. The various methods of reporting include in person to any staff member, including supervisors, in written correspondence provided directly to staff or by submitting correspondence to the "Conditions of Confinements" boxes located throughout the facility. Furthermore, residents may ask for staff, family, friends, or any other third party to report on their behalf.

Staff are required to accept any report of sexual abuse and sexual harassment regardless of the reporting mechanism. Furthermore, the report is logged into the unit's logbook. A review of the unit's logbook verified the most recent report taken by staff had been logged as required.

While conducting the on-site visit, the audit team conducted numerous interviews (both formal and informal) with staff and residents alike. Without exception, every person who communicated with the audit team had a thorough understanding of the many options available for reporting allegations of sexual abuse and sexual harassment, as well as reporting incidents of retaliation for reporting or cooperating with an investigation.

.251(b) New Paths Inc. has entered into a Memorandum Of Understanding (MOU) with the YWCA of Greater Flint to provide residents with victim advocate services for emotional support for sexual abuse. The agency has developed posters which are hung throughout the facility which include the address and telephone number to the YWCA of Greater Flint. The poster identifies the YWCA as the agency's partner in providing emotional support services to residents when needed.

During the on-site visit, the audit team was able to locate the postings throughout the facility in conspicuous locations for residents, staff and visitors to view.

Additionally, the agency provides each incoming resident with a copy of the poster in their orientation packet.

The audit team contacted the YWCA of Greater Flint, via telephone, in order to verify the individual receiving the call could implement the tenants of the MOU and was able to provide emotional supportive services if necessary. The case worker who answered the phone was well informed of the Prison Rape Elimination Act, the agreement between the YWCA and New Paths Inc. and how to take a complaint and provide supportive services if necessary.

Furthermore, the audit team conduct numerous interviews (formal and informal) of staff and residents alike. Without exception, everyone was aware of the services available, the postings and their locations, and how to access outside supportive services if necessary.

The telephones provided to residents at New Paths Inc. are offered free of charge to all residents. Therefore, each and every resident has full access to contact the YWCA at any time if necessary. The audit team did make a call to the YWCA while conducting the facility tour in order to ensure the call would go through. The audit team was able to contact the YWCA from the phones provided for resident use.

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| | <p>Upon a thorough review of the agency’s policy and procedure, coupled with observations made by the audit team and detailed interviews conducted with staff and residents has determined the agency is in full compliance with the standard.</p> <p>However, the agency relies upon its partnership with the YWCA to fully accomplish these tasks. The agency has indicated they have a non-expiring agreement (MOU) with the YWCA but has not provided a copy to the audit team at the time of this report. For this reason, the audit team finds the agency Does Not Meet the Standard. Once the fully executed MOU with the YWCA is provided, the agency will be in full compliance with the standard.</p> <p>Corrective Action: The agency has executed an MOU sufficiently addressing this standard. The MOU was provided to the audit team and the audit team has been in contact with the YWCA of Flint and is confident the two organizations are sufficiently working together to insure the sexual safety of the residents at Huron House and that any potential victims are awarded the necessary services as outlined in this standard. For these reasons, the agency now meets the standard.</p> |
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| 115.252 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>New Paths Inc. does not have administrative procedures to address resident grievances regarding sexual abuse and is therefore exempt from this standard. However, because the audit process does not allow for a not applicable finding of a particular standard and a finding of Does Not Meet Standard would not be appropriate in this case, the audit team has found the facility Meets the Standard.</p> |

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| 115.253 | Resident access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>.253(a)(c) New Paths Inc. has entered into a Memorandum Of Understanding (MOU) with the YWCA of Greater Flint to provide residents with victim advocate services for emotional support for sexual abuse. The agency has developed posters which are hung throughout the facility which include the address and telephone number to the YWCA of Greater Flint. The poster identifies the YWCA as the agency’s partner in providing emotional support services to residents when needed.</p> <p>During the on-site visit, the audit team was able to locate the postings throughout the facility in conspicuous locations for residents, staff and visitors to view.</p> |

Additionally, the agency provides each incoming resident with a copy of the poster in their orientation packet.

The audit team contacted the YWCA of Greater Flint, via telephone, in order to verify the individual receiving the call could implement the tenants of the MOU and was able to provide emotional supportive services if necessary. The case worker who answered the phone was well informed of the Prison Rape Elimination Act, the agreement between the YWCA and New Paths Inc. and how to take a complaint and provide supportive services if necessary.

Furthermore, the audit team conducted numerous interviews (formal and informal) of staff and residents alike. Without exception, everyone was aware of the services available, the postings and their locations, and how to access outside supportive services if necessary.

The telephones provided to residents at New Paths Inc. are offered free of charge to all residents. Therefore, each and every resident has full access to contact the YWCA at any time if necessary. The audit team did make a call to the YWCA while conducting the facility tour in order to ensure the call would go through. The audit team was able to contact the YWCA from the phones provided for resident use.

.253(b) The agency provides detailed instruction to residents during new resident orientation regarding limits to privacy and mandatory reporting laws. Furthermore, the posters placed throughout the facility include a notice instructing residents to refer to their orientation packets for more information on anonymous reporting and limits to confidentiality for emotional support services.

Based upon a detailed review of the practices and notifications incorporated by the agency and the detailed interviews the audit team performed with staff and residents, the audit team finds the agency has done a sufficient job addressing this standard in its entirety. Furthermore, the successful attempts of the auditors to contact YWCA as if they themselves were residents of New Paths Inc. wishing to request supportive services, the audit team is certain the process and procedures put in place are effective.

However, the agency relies upon its partnership with the YWCA to fully accomplish these tasks. The agency has indicated they have a non-expiring agreement (MOU) with the YWCA but has not provided a copy to the audit team at the time of this report. For this reason, the audit team finds the agency Does Not Meet the Standard. Once the fully executed MOU with the YWCA is provided, the agency will be in full compliance with the standard.

Corrective Action: The agency has executed an MOU sufficiently addressing this standard. The MOU was provided to the audit team and the audit team has been in contact with the YWCA of Flint and is confident the two organizations are sufficiently working together to insure the sexual safety of the residents at Huron House and that any potential victims are awarded the necessary services as outlined in this standard. For these reasons, the agency now meets the standard.

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| 115.254 | Third party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>New Paths Inc. policy states the agency shall establish and maintain mechanisms to accept third-party reporting on behalf of a resident. New Paths Inc. has developed a poster (posted in all common areas of the facility accessible by the public) which clearly outlines reporting options available to third parties. Furthermore, the agency has placed mechanisms for staff and residents alike to make reports of sexual abuse and sexual harassment they are aware of on behalf of an alleged victim. Those mechanisms include the Conditions of Confinement drop boxes located throughout the facility, telephone numbers and addresses to the Michigan Department of Corrections PREA Hotline which accepts reports 24/7, as well as in person reporting to any staff member up to and including the agency’s Director, Jim Hudgens.</p> <p>Upon conducting interviews with staff and residents, without exception, each was fully aware of the various methods available to report allegations, were aware they were allowed to make reports as a third-party on behalf of another and aware that reports would be accepted if made anonymously.</p> <p>No third-party reports from outside the agency had been received within the past 12 months to review as a part of this audit. However, residents who were suspicious of potential sexual harassment taking place from one resident toward another was reported to staff verbally. This report was responded to immediately which ultimately led to the initiation of a substantiated investigation and the immediate termination of the abuser.</p> <p>For the reasons identified above, and an actual incident of third-party reporting verifying the policy and procedure the agency has in place is effective, the audit team has found the agency Meets the Standard.</p> |

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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>.261(a) New Paths Inc., as a contractor of the Michigan Department of Corrections (MDOC), is subject to the MDOC Vendor Handbook. This handbook is a set of rules and mandates each staff member is required to understand and follow. Each staff member is required to sign for receipt of the handbook verifying they understand the rules contained within. Several of the rules New Paths Inc. staff are required to follow specifically address adherence to the PREA standards and keeps with ensuring the sexual safety of its residents. Specifically, the handbook requires staff to immediately report any violation they are aware of, including sexual misconduct</p> |

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| | <p>(which includes abuse) and sexual harassment. Furthermore, the handbook requires staff to complete a written report of the misconduct no later than the end of the staff member’s workday.</p> <p>.261(b)(d) New Paths Inc. policy requires staff to maintain the confidentiality of any resident reporting except in course of necessity for investigation. The agency has a narrow and effective means of reporting which includes staff reporting to their immediate supervisor who is only 2 echelons from the agency’s Director and sole PREA investigator. Therefore, staff have a means in which to report allegations in a way that ensures they will be investigated while maintaining the confidentiality of everyone involved.</p> <p>While conducting the on-site visit, the audit team conducted numerous interviews (formal and informal) with staff and residents alike. Without exception, everyone indicates the agency’s policy regarding confidentiality is widely known and followed.</p> <p>.261(c) New Paths Inc. does not actively employ nor contract with Medical or Mental Health Practitioners and therefore is exempt from this portion of the standard. However, the agency has incorporated within policy the requirement for such practitioners to follow this portion of the standard should the need to utilize such practitioners ever arise.</p> <p>.261(d) New Paths Inc. does not allow residents under of the age of 18 to participate in its programming and therefore is exempt from this portion of the standard. However, the agency has incorporated within policy the requirement to follow mandatory reporting laws. New Paths Inc. also requires staff to follow mandatory reporting laws in cases involving vulnerable adults. There were no such cases for the audit team to review as part of this audit but detailed discussions with the agency’s administrative staff demonstrate a thorough understanding of the agency’s requirements in this regard.</p> <p>Based upon a thorough review of agency policy and detailed interviews (both formal and informal) with staff and residents, the audit team has determined the agency has in place the policies and procedures sufficiently addressing this standard in its entirety. Furthermore, the actions demonstrated by staff have indicated the policies are effectively communicated and followed. Therefore, the audit team has found the agency meets the standard.</p> |
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| 115.262 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | New Paths Inc. has cameras strategically placed throughout its facility and has developed a culture of zero tolerance in regard to sexual abuse and sexual harassment toward residents. That said, no amount of prevention and education |

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| | <p>will guarantee 100% elimination of risk toward residents confined in any institution. This is especially true for those are the most vulnerable and may be at substantial risk of imminent sexual abuse.</p> <p>Due to the nature of New Paths Inc. treatment philosophy, the agency reserves the right to refuse treatment to residents who do not meet the criteria established by the agency. This includes refusing to allow residents to remain at New Paths Inc. if the resident is demonstrating or has a history of abusive behavior. This practice in and of itself ensures the safety of all the residents at New Paths Inc., including those who are at a higher risk.</p> <p>For these reasons, the audit team has found the agency meets this standard.</p> |
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| 115.263 | Reporting to other confinement facilities |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>.263(a)(b) New Paths Inc. policy requires, should the agency learn a resident was sexually abused while confined at another facility, will take immediate action. Furthermore, policy requires the head of New Paths Inc., Director, Jim Hudgens, to personally notify the head of the facility where a former New Paths Inc. resident is currently residing, any allegation in need of reporting. Such notification shall occur within 72 hours of receipt or knowledge of an allegation or incident.</p> <p>No such incident has occurred since the agency's last PREA audit. Therefore, the audit team was not able to verify actual practice of documentation. However, the audit team was able to interview Director Hudgens and he expressed a thorough understanding of agency policy in this regard and indicated any such incident would be thoroughly documented in accordance with policy and this standard.</p> <p>.263(c) New Paths Inc. policy requires documentation of notification. No such notification has occurred since the agency's last PREA audit. Therefore, the audit team was not able to verify actual practice of documentation. However, the audit team was able to interview Director Hudgens and he expressed a thorough understanding of agency policy in this regard and indicated any such incident would be thoroughly documented in accordance with policy and this standard.</p> <p>.263(d) New Paths Inc. policy requires an appropriate investigation is conducted by the agency receiving such a report. No such notification has occurred since the agency's last PREA audit. Therefore, the audit team was not able to verify actual practice of documentation. However, the audit team was able to interview Director Hudgens and he expressed a thorough understanding of agency policy in this regard and indicated any such incident would be thoroughly documented in accordance with policy and this standard.</p> <p>Based upon a thorough review of agency policy and procedure, the audit team has</p> |

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| | <p>determined the agency has sufficiently addressed all aspects of this standard. Furthermore, detailed observations made by the audit team during the on-site visit and interviews (both formal and informal) with appropriate staff all demonstrate the agency is complying with their policies and this standard. Therefore, the audit team has found the agency Meets the Standard.</p> |
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| 115.264 | Staff first responder duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>As addressed in detail in §115.262, New Paths Inc. has demonstrated full compliance in regard to responding to an allegation.</p> <p>The agency has developed detailed training requiring staff to appropriately address an allegation of sexual abuse in a way that ensures the alleged victim and abuser are immediately separated, quarantine the area of the alleged incident in a way that prohibits unauthorized personnel (non-law enforcement or New Paths Inc. Administrative staff) from entering the area, and requests the alleged victim (ensures the alleged abuser) does not do anything that could compromise any forensic evidence if present. This training is provided to both custody and non-custody staff alike.</p> <p>During the on-site visit, the audit team conducted several interviews, both formal and informal, with various staff throughout the facility. Both custody and non-custody staff were well aware of their duties and responsibilities in regard to separating an alleged victim from an alleged abuser should they receive an allegation. All of the staff the audit team corresponded with had a thorough understanding of their responsibility to quarantine the scene and to ensure evidence is not compromised either at the scene or upon any person involved.</p> <p>A thorough review of agency policy and procedure has demonstrated that New Paths Inc. has in place the requirements to sufficiently address allegations of sexual abuse in a way that would ensure the safety of the alleged victim, protecting the scene and any forensic evidence that may be present. Interviews with staff reveal they were able to readily recite the actions required of them from the training they received and for those staff who needed some prompting, were eventually able to respond in a way that assured the audit team they would be able to respond appropriately when necessary. For these reasons the audit team has found the agency Meets the Standard.</p> |

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| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |

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| | <p>Auditor Discussion</p> <p>New Paths Inc. continues to do an amazing job preparing staff for appropriately addressing allegations of sexual abuse occurring within the agency. The agency does not employ or contract the services of medical or mental health practitioners but utilized outside agencies, such as the YWCA of Greater Flint and local emergency health care facilities to provide appropriate services to victims of sexual abuse. All of which are appropriate in ensuring the sexual safety of its residents and in responding to allegations of sexual abuse.</p> <p>Agency policy addressing coordinated response provides for a sufficient written plan to address not only this standard but in addressing any allegation of sexual abuse or sexual harassment alleging to have occurred. The plan specifically addresses the roles/responsibilities of staff involved in initial discovery of an allegation, the PREA Officers/Executive Director’s role in addressing the incident as well as HR staff, agency clinical staff, an appropriate therapist and any emergency medical personnel who may be involved. While conducting the on-site portion of this audit, it was evident to the audit team that all staff employed by New Paths Inc. were aware of and performing all of the appropriate roles of this policy demonstrating the agency was appropriately informing and training staff on their duties during such an incident.</p> <p>However, the agency relies upon its partnership with the YWCA to fully accomplish these tasks. The agency has indicated they have a non-expiring agreement (MOU) with the YWCA but has not provided a copy to the audit team at the time of this report. For this reason, the audit team finds the agency Does Not Meet the Standard. Once the fully executed MOU with the YWCA is provided, the agency will be in full compliance with the standard.</p> <p>Corrective Action: The agency has executed an MOU sufficiently addressing this standard. The MOU was provided to the audit team and the audit team has been in contact with the YWCA of Flint and is confident the two organizations are sufficiently working together to insure the sexual safety of the residents at Huron House and that any potential victims are awarded the necessary services as outlined in this standard. For these reasons, the agency now meets the standard.</p> |
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| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>New Paths Inc. policy states no business agreement that New Paths Inc. enters into, governmental, bargaining, etc. is able to limit the agency’s ability to remove abusers and protect victims.</p> |

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| | <p>New Paths Inc. employs staff who are covered by a collective bargaining agreement. There is no language contained within the agreement prohibiting the placement/removal of staff from any assignment within New Paths Inc. None the less, while conducting the on-site visit, the audit team asked about whether placement and/or removal of any staff from a specific assignment violated collective bargaining agreements covering represented staff. The response from all leadership and administrative staff at New Paths Inc. was a resounding “no.” In fact, New Paths Inc. reserves the right to assign staff wherever the agency deems appropriate. This includes removing staff from assignment in order to protect an alleged victim during the course of an active investigation.</p> <p>Additionally, New Paths Inc. incorporates within policy and practice, gender-based assignments which prohibit male staff from working directly within female resident housing. The audit team was able to observe this practice while conducting the on-site visit of the facility. Furthermore, the audit team conducted numerous interviews (both formal and informal) with staff and residents alike. All of which indicated an understanding that New Paths Inc. can reassign staff at any time and for any reason.</p> <p>Based upon a thorough review of agency policy, union guidelines and full observance of agency practice, the audit team has determined the agency meets the requirements of this standard. Furthermore, the interviews conducted reveal staff are fully aware of the agency’s ability to reassign staff when necessary. For these reasons, the audit finds the agency Meets the Standard.</p> |
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| 115.267 | Agency protection against retaliation |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>.267(a)(b)(d) New Paths Inc. policy covers the agency’s response to protecting residents from retaliation. Specifically, policy requires monitoring for the potential of retaliation for reporting incidents and will employ options to residents for protection against retaliation including housing transfers, program transfers, treatment transfers and removal of staff if necessary.</p> <p>New Paths Inc. has dedicated the PREA Coordinator as the agency’s sole staff person responsible for monitoring retaliation. After conducting interviews with the PREA Coordinator, Jim Hudgens, it was clear to the audit team that the agency takes an active approach to ensuring residents are protected against retaliation.</p> <p>Throughout the course of an investigation, and for at least 90 days after the report of an incident, the PREA Coordinator meets with the affected resident(s) and/or staff to determine if any evidence of retaliation is occurring. This includes periodic status checks and actively discussing with the resident(s) and/or staff if they have perceived any retaliatory actions made against them. This monitoring includes the</p> |

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| | <p>level of safety of the resident(s) and/or staff as well as determining any need for other services or interventions that may be necessary.</p> <p>During the on-site visit, the audit team conducted numerous (both formal and informal) interviews with staff and residents alike. All staff were well aware of agency policy prohibiting retaliation and understood the consequences of any such behavior. Additionally, staff were well aware of the fact that the agency Director would be monitoring for retaliation following an allegation. The audit team is convinced staff are dedicated to ensuring the sexual safety of residents housed at New Paths Inc. and refrain from any form of retaliation of any kind.</p> <p>Furthermore, residents all indicated they feel comfortable reporting allegations, should they occur to any staff member without concern of retaliation for doing so.</p> <p>.267(c) Agency policy requires the PREA Coordinator to monitor the conduct and treatment of residents and/or staff involved with any allegation of sexual abuse or harassment. This includes those witnessing or reporting such acts or are the victims of such acts. Because the agency PREA Coordinator who is charged with monitoring retaliation is also the agency Director, any disciplinary actions, housing or program changes for residents, or assignment changes for staff must also be approved by the Directory. Therefore, any and all such actions of this nature are continuously monitored by the PREA Coordinator. Any action indicating a threat of retaliation sparks an immediate response by the agency's PREA Coordinator/ Director.</p> <p>During the formal interview session of the on-site visit, the agency's PREA Coordinator articulated thoroughly his responsibility in regard to retaliation monitoring. He explained how he makes a continuous effort to meet with all individuals involved in a PREA investigation in order to ensure retaliation is not occurring. Any evidence of retaliation is immediately addressed by the PREA Coordinator in his role as the agency's Director.</p> <p>Based upon a thorough review of agency policy and detailed formal and informal interviews with staff and residents alike, it is apparent New Paths Inc. takes retaliation seriously and makes an affirmative effort to ensure staff and residents are protected against retaliation if involved with an allegation of sexual abuse or harassment in any capacity. A detailed review of investigations reveals all parties involved appear to have participated thoroughly in all aspects of the investigation which further demonstrates the agency has an effective policy of protecting investigation participants and victims in place. For these reasons, the audit team as found the agency Meets the Standard.</p> |
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| 115.271 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

.271(a) New Paths Inc. policy addresses the agency's response to criminal and administrative investigations. Specifically, all investigations into allegations of sexual abuse and sexual harassment are conducted thoroughly and objectively by third parties. All allegations are referred to the MDOC within 24 hours of the agency becoming aware of an incident and any potentially criminal allegations are referred to an outside law enforcement agency.

The agency's Director, Jim Hudgens, is the agency's sole investigator into allegations of sexual abuse and sexual harassment. Director Hudgens articulated the importance of reporting such investigations promptly and thoroughly in order to ensure an appropriate outcome is achieved.

.271(b) New Paths Inc. Director, Jim Hudgens, is the sole investigator for the agency. As the individual responsible for conducting investigations into allegations of sexual abuse and sexual harassment, Director Hudgens has participated in the National PREA Resource Center's (PRC) "Human Resources and Administrative Investigations Employee Training." This training was developed, in partnership with The Project on Addressing Prison Rape American University, Washington College of Law. Although the PRC's evaluation statement clearly states use of this module as a training guide does not guarantee an agency a finding of "meets the standard," a thorough review of all training provided, agency response to allegations, and thoroughness of the agency's investigations overall will provide the audit team with the evidence needed to determine an appropriate finding for the standard.

The training provided by the PRC and completed by the agency's investigator covered, among other details:

- Conducting Investigative Interviews
- Use of Garrity and Miranda
- Evidence Collection
- Evidence Required to Substantiate an Allegation

.271(c)(e)(f) The agency has not received any allegations of sexual abuse that had occurred within a timeframe in which physical or DNA evidence may be present. Therefore, the audit team was unable to verify relevant documentation within the investigative reports addressing this portion of the standard. However, the audit team conducted several interviews (both formal and informal) with staff, including with the agency's sole investigator, and without exception, staff were able to articulate an understanding of their responsibility in maintaining a crime scene and ensuring the preservation of any physical evidence including ensuring alleged victims and abusers do not take steps that may erode such evidence.

.271(d)(g)(h)(l) All allegations of sexual abuse or sexual harassment that appear to be criminal are immediately referred to local law enforcement for initiation of a criminal investigation. New Paths Inc. Director, Jim Hudgens confirmed agency practice is to immediately refer any potentially criminal allegation to law enforcement and the MDOC in order for criminal and administrative investigations to be completed in concert with one another. Director Hudgens, as the agency's sole investigator endeavors to remain actively involved in communicating

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| | <p>investigator(s) throughout the investigative process. This includes conducting compelled interviews only after confirming with law enforcement that doing so will not interfere with their ability to bring charges if necessary.</p> <p>Furthermore, Director Hudgens continuously reaches out to the MDOC and local law enforcement to inquire on the status of all pending criminal investigations and to ensure a copy of the written report is provided to the agency to accompany their administrative investigations.</p> <p>.271(i)(j) There were no investigations for the audit team to review to determine compliance. However, agency policy requires the agency to endeavor to retain all investigation reports for as long as the alleged abuser is employed or incarcerated (which ever applies) with the agency plus five years. Therefore, demonstration of investigative reports going back five years are not available. However, 100% of all investigations into sexual abuse or sexual harassment the agency has conducted have been retained.</p> <p>After conducting a detailed analysis of agency policy, the audit team is certain New Paths Inc. is committed to conducting immediate and thorough investigations into each and every allegation of sexual abuse and sexual harassment the agency is aware of. Furthermore, the agency is clearly going above and beyond when referring allegations to local law enforcement and the MDOC in order to ensure criminal charges are brought when warranted. The agency does not currently have any allegations resulting in investigation to ensure they are actively adhering to the requirement to retain the reports in accordance with policy. However, their demonstration of retaining the reports they do have gave the audit team sufficient assurance they will continue to do so well into the future demonstrating compliance with the standard. For these reasons, the audit team has found the agency Meets the Standard.</p> |
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| 115.272 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>New Paths Inc. policy clearly states the agency shall not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.</p> <p>A thorough review of all old investigations conducted by the agency reveal an understanding of preponderance of the evidence and the use of such guidelines in making final determinations of the outcomes of investigations. Furthermore, the audit team conducted interviews with agency Director, Jim Hudgens, the agency's sole investigator, about how preponderance of the evidence is applied in regard to administrative investigations. Director Hudgens demonstrated a thorough understanding of the term and its application.</p> |

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| | <p>For the reasons indicated above, the audit team has found the agency Meets the Standard in regard to preponderance of the evidence for administrative investigations.</p> |
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| 115.273 | Reporting to residents |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>.273(a)(b)(c)(d)(e) New Paths Inc. policy states all reporting to resident victims of abuse, shall be done so in accordance with the Prison Rape Elimination Act. The audit team was able to confirm with agency Director, Jim Hudgens, what this all required.</p> <p>Director Hudgens demonstrated a thorough understanding of the standard and his requirements as the agency Director and sole investigator with keeping victims of abuse informed at each step of the investigative process including the outcome of investigations as well as when the abuser has been removed from the victim’s unit, is no longer employed with the agency (in cases of staff abusers), and when charges and/or convictions have been processed.</p> <p>.273(f) There were not investigations conducted since the agency's last PREA audit. Therefore, the audit team must rely on agency policy, formal and informal interviews, and general observations to make a determination. Based on the above, the team has found the agency is meeting the intent of this portion of the standard.</p> <p>New Paths Inc. does address this standard in policy. Based upon a thorough review of the agency’s older investigative reports and the detailed conversation with the agency’s Director and sole investigator, the audit team has determined the agency is fulfilling the requirements of this standard in totality. Therefore, the audit team has found the agency Meets the Standard.</p> |

| 115.276 | Disciplinary sanctions for staff |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>.276(a)(b)(d) New Paths Inc. policy states staff shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who engage in such behaviors. Furthermore, the agency endeavors to report all allegations of staff misconduct to law enforcement for criminal charges.</p> <p>Furthermore, allegations that are substantiated are referred to licensing bodies in</p> |

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| | <p>order for appropriate actions on behalf of the licensing body.</p> <p>Detailed interviews (both formal and informal) with staff demonstrate staff's thorough knowledge of agency policy and the presumptive disciplinary sanctions for staff violating policy regarding sexual abuse or sexual harassment of residents.</p> <p>.276(c) As the presumptive discipline for all allegations of abuse and harassment, as per agency policy, lesser forms of formal discipline which are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories, does not apply here.</p> <p>Based upon a detailed and thorough review of agency policy and coupled with detailed conversations with the agency's administrative staff and line staff, the audit team is assured of the agency's efforts toward and adherence to this standard. Therefore, the audit team has found the agency Meets the Standard.</p> |
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| 115.277 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>New Paths Inc. does not currently employ the efforts of contractors nor volunteers in order to complete its mission. Therefore, no documentation exists, no interviews were possible, and no means of observation of contractors nor volunteers was possible during this audit.</p> <p>That said, New Paths Inc. Director, Jim Hudgens, has assured the audit team that any person, staff, contractor or volunteer engaged in such behavior would be immediately prohibited from further contact with New Paths Inc. residents or permitted within the agency's grounds or facilities. Because the agency has done such a thorough job in regard to addressing and documenting similar prohibitions of staff and resident abusers, should they exist, the audit team is fully confident of the agency's ability and willingness to do the same for any contractors and volunteers in the future. Furthermore, the audit process does not allow for a finding of "Not Applicable" and a finding of "Does Not Meet Standard" is inappropriate, the audit team has found the agency Meets the Standard.</p> |

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| 115.278 | Disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

.278(a)(b)(c)(d) New Paths Inc. policy states disciplinary sanctions for residents who engage in the abuse of other residents shall follow the expected guidelines in the PREA publication. The audit team was able to confirm with agency Director, Jim Hudgens, what this all required. Director Hudgens demonstrated a thorough understanding of the standard and the agency's requirements in meeting compliance with the standard. Specifically, residents are subject to formal discipline based upon the severity of the allegation which may include termination from the program which may result in a return to prison in cases of the most egregious violations. The resident's mental status during the time of the incident is taken into consideration when determining appropriate sanctions. However, it is the general rule of New Paths Inc. to terminate anyone from the program who is not fit for the program or who's behavior is prohibiting others from benefiting from the program. Therefore, the presumptive sanctions for any resident engaging in abuse is termination from the program.

During the on-site visit, the audit team conducted numerous interviews (both formal and informal) with staff and residents alike. Both staff and residents were well aware of the expectations of the agency and the overall requirement of residents to adhere to the agency's policy regarding zero tolerance toward the sexual abuse or sexual harassment of residents while at New Paths Inc. All residents were well aware of and commented upon past incidents of residents engaging in the harassment of other residents, that such conduct would more likely than not result in an immediate termination from the program.

.278(e) New Paths Inc. policy, employee work rules, and employee handbooks all require a strict prohibition in regard to intimate interactions between staff and residents for any reason. Any such involvement that occurs, the presumptive response is the resident is a victim of sexual abuse unless an investigation demonstrated the resident had sexually assaulted the staff member.

.278(f) Under New Paths Inc. policy, residents who make good faith reports are never disciplined for doing so. The audit team conducted numerous interviews (both formal and informal) with residents who articulated they felt perfectly comfortable making reports to staff without fear of discipline or retaliation. This demonstrates the agency's commitment to developing a culture of reporting and ensuring the sexual safety of its residents.

.278(f) New Paths Inc. prohibits sexual conduct between residents while confined within the agency. Any allegation of sexual acts reported to the PREA Coordinator are investigated in order to ensure matters of coercion are not overlooked and every instance of abuse is dealt with thoroughly and appropriately.

No allegations of resident-on-resident sexual activity have been received during this auditing period for the audit team to review. However, detailed interviews with the agency's Director and PREA Coordinator reveal a thorough understanding of the standard and appropriate agency response in meeting with compliance with this standard should an allegation arise including possible coercion.

Based upon a thorough review of the agency's policies and procedures in their

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| | <p>entirety, the audit team has determined the agency is fulfilling the requirements of this standard in totality. Furthermore, the detailed interviews conducted with the agency's PREA Coordinator and Director confirm a thorough understanding of the standard and a willingness to comply fully. Therefore, the audit team has found the agency Meets the Standard.</p> |
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| 115.282 | Access to emergency medical and mental health services |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>.282(a)(b)(c)(d) New Paths Inc. policy covers emergency medical and/or psychiatric services and/or calls for qualified emergency personnel in cases of emergencies, to include but not limited to sexual abuse. The policy requires staff to summon security staff as first responders if not present, or for additional security staff as backup to secure the scene and provide support as necessary. The agency has outfitted the facility with an intercom system for such announcements.</p> <p>Upon conducting interviews with New Paths Inc. Director, Jim Hudgens, the audit team was informed that major emergencies (situations requiring hospitalization) will result in the agency calling "911" to contact emergency medical services to address the medical emergency. All instances of recent sexual abuse where evidence may be present and instances requiring immediate medical attention, constitute a major emergency for which staff are instructed to call "911."</p> <p>While conducting the on-site visit, the audit team conduct numerous interviews (both formal and informal) with staff, both custody and non-custody, throughout the facility. All of which indicated a thorough understanding of their responsibilities with ensuring residents in need of medical treatment are provided appropriate treatment in a timely manner.</p> <p>All necessary treatment services, up to and including information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, are provided in accordance with professionally accepted standards of care as determined by the emergency medical facility the resident is transported to. All such services, including transportation are provided at no cost to the resident in accordance with agency policy.</p> <p>New Paths Inc. utilizes multiple policies and practices to sufficiently address this standard. Based upon a thorough review of all applicable policies, detailed conversations with staff from throughout the agency, and observations made by the audit team while conducting the on-site visit, the agency is appropriately applying the requirements of this standard to meeting the medical and mental health needs of sexual abuse victims when necessary. For these reasons, the audit team finds the agency Meets the Standard.</p> |

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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | <p data-bbox="280 237 979 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 564 349">Auditor Discussion</p> <p data-bbox="280 394 1477 842">.283(a)(b)(c)(d)(e)(f) As mentioned in §115.282, New Paths Inc. utilizes multiple policies to address the medical and mental health services of its residents. Because New Paths Inc. does not employ nor contract for medical or mental health practitioners, they rely solely upon the services offered by local emergency medical facilities. Therefore, all necessary treatment services, up to and including evaluations, follow up services, pregnancy tests, timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, and testing for sexually transmitted diseases are provided in accordance with professionally accepted standards of care as determined by the emergency medical facility the resident is transported to. All emergency medical health services are provided to residents at no cost in accordance with agency policy.</p> <p data-bbox="280 887 1430 999">Based upon detailed and thorough interviews with agency Director, Jim Hudgens, the audit team has determined the agency is fully aware of the requirements to meet the medical health portions of this standard.</p> <p data-bbox="280 1043 1485 1447">.283(h) The agency does not have a response to how it 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. This is due to agency policy to immediately terminate anyone from the program who exhibits abusive behavior. This practice is necessary to ensure each resident residing at New Paths Inc. is capable of benefiting fully from the services they provide. Therefore, the agency does not house residents who have perpetrated resident-on-resident sexual abuse beyond the time it takes to conclude an investigation rendering this portion of the standard not applicable to the agency.</p> <p data-bbox="280 1491 1437 1559">Based upon a thorough review of policy and detailed interviews with staff and the agency Director, it is determined the agency meets this standard.</p> |

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| 115.286 | Sexual abuse incident reviews |
| | <p data-bbox="280 1765 979 1798">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1843 564 1877">Auditor Discussion</p> <p data-bbox="280 1921 1461 2078">.286(a)(c)(e) New Paths Inc. policy addresses sexual abuse incident reviews. While conducting interviews during the on-site visit, the audit team spoke with the agency's Director of Clinical Services, Erin McClelland specifically about sexual abuse incident reviews. Director McClelland is on the agency's sexual abuse</p> |

incident review team. The interview revealed the agency conducts incident reviews of every allegation of sexual abuse and the incident reviews include physical walk-throughs of the facility to view the area(s) of such abuse in order to identify physical plant upgrades in order to enhance the sexual safety of its residents. Furthermore, the agency talks with its residents to inquire about areas they believe may be unsafe within the facility.

Although no incidents have occurred to necessitate an incident review since the agency's last PREA audit, outcomes from older incident reviews include the establishment of a "floater" position in order to establish an additional staffing presence within resident housing areas, increased staff presence in the female housing area and ensuring additional staff are brought in during special activities in order to ensure staffing shortages are not created within the facility's most critical areas.

As mentioned in §115.218, camera placement is an ongoing discussion at New Paths Inc. This is again the case with sexual abuse incident reviews. Reviews of current cameras and where additional cameras may be placed is a topic of priority during these reviews.

.286(b)(d) During the interview with Director McClelland, the audit team was told incident reviews were held as necessary during the Health and Safety Committee meetings. The audit team was provided minutes from multiple Health and Safety Committee meetings that verify camera placement and overall security were discussed as general topics during the meetings.

Agency policy states the agency has adopted all aspects of the PREA and agency policy and procedure addressing sexual abuse and sexual harassment shall follow the details outlined in the Act. Policy references PREA standard 115.286 when addressing sexual abuse incident review teams.

The audit team placed a requirement on the agency, until the agency has received its final audit report, the agency has a duty to notify the audit team of any sexual abuse allegation received. This would provide further assurance to the audit team of continued compliance with this standard. However, at the time of the final report, there were no additional allegations of sexual abuse occurring within the agency. Therefore, the agency had nothing further to provide the audit team prior to the conclusion of the audit leaving the audit team to base its final decision regarding compliance policy review, interviews, and general observation. Therefore, the audit team has concluded sufficient evidence has been provided to find the agency meets this standard.

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| 115.287 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

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| | <p>.287(a)(b) New Paths Inc. has not received any allegations since their last PREA audit. That said, New Paths Inc. Director, Jim Hudgens takes particular interest in the day-to-day activities at New Paths Inc., including reviewing allegations of abuse and harassment in great detail to ensure the ongoing safety of residents and staff alike.</p> <p>.287(c)(d) The agency has developed policy which requires the collection of data specific to suspected neglect, abuse, physical or sexual contact or assault. Policy requires the collection of data specific to the agency’s needs to aggregate data required by this standard. The agency has sufficiently demonstrated its efforts to aggregate the data required by this standard by providing the audit team with the most recent New Paths Inc. SSV Annual Report. This report specifically details aggregate data addressing every question required by this standard.</p> <p>For these reasons, the audit team finds the agency meets the standard.</p> |
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| 115.288 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>.288(a) The agency demonstrated full compliance with §115.287 and has demonstrated through Leadership Meetings and Incident Reviews that the agency is making appropriate and sufficient decisions regarding the ongoing sexual safety of its residents as a result of the data collected pursuant to this standard.</p> <p>.288(b) The agency provided its SSV-2020 report and supporting annual reports for current and previous years comparing progress toward increased sexual safety of residents under the agency's care. The reports, and audit team concurs, there is no current need for corrective action.</p> <p>.288(c) The agency’s annual report is developed/authored by Jim Hudgens, the agency’s Director and is approved by Director Hudgens for placement on the agency’s website. At the time of the final report, the audit team reviewed the agency’s webpage at NewPaths.org and verified the report is posted on the website for public view.</p> <p>.288(d) The agency has not redacted any data from its annual report; therefore, no explanation is necessary.</p> <p>The agency has met all of the requirements of this standard. Therefore, the audit team finds the agency meets the standard.</p> |

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| 115.289 | Data storage, publication, and destruction |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>.289(a) While conducting the on-site visit of the agency, the audit team was shown the secured records storage area within the facility. This area is a room which was locked at the time the audit team requested access and individuals with a key to access the room was limited to supervisory staff and other limited personnel needing access only within the scope of their duties. Furthermore, all files were securely stored within locked filing cabinets adding a second level of security for such files. Any ongoing files not stored within this secure location were securely stored within agency director, Jim Hudgens' office.</p> <p>.289(b) New Paths Inc. developed and posted on their public website (NewPaths.org) their Annual PREA Report. Agency policy requires an annual report which includes aggregate sexual abuse data and that the report be readily available to the public via publication on its website.</p> <p>.289(c) Agency policy does require all personal identifiers be removed before making any sexual abuse data public. However, their annual report does not contain any personal identifying information and therefore does not require any redaction.</p> <p>.289(d) Like most facilities of this type, the agency does not have 10 years of data to show they are in compliance with this standard. However, the agency does have policy established which requires the agency to maintain all data on sexual abuse for at least 10 years. Furthermore, the agency has sufficient secure space to retain such data and has demonstrated a thorough filing system for retaining other files/ data, the audit team is confident in finding the agency meets this standard.</p> |

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| <p>115.401</p> | <p>Frequency and scope of audits</p> |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>New Paths Inc. is a private non-profit community confinement facility that houses parolees on behalf of the Michigan Department of Corrections (MDOC). In complying with their contract with the MDOC, New Paths Inc. is undergoing their second certified PREA audit.</p> <p>The audit was scheduled to begin in October 2022, with an on-site tour in November the same year. This is the first year of the third PREA Audit Cycle. New Paths Inc. operates a single facility in Flint, Michigan. Therefore, the agency is under no obligation to ensure that one-third of its facilities are audited each year of the audit cycle, nor are they required to ensure that at least two-thirds of their facilities are audited by the second year of the audit cycle. Because this is the sole facility operated by this organization, 100% of all facilities operated by this agency have</p> |

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| | <p>been audited by the end of this audit cycle, therefore the audit team has found the agency meets this standard.</p> |
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| 115.403 | Audit contents and findings |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>The agency successfully completed its first certified PREA audit in February 2020 and immediately published the audit report in its entirety on its website. Therefore, the audit team has found the agency meets this standard.</p> |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| | the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | |
| 115.234 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | na |
| 115.234 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).) | na |
| 115.235 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | na |

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

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

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

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

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

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

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

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| | with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | |
| 115.252 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| 115.252 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |
| 115.252 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf | na |

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

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| | alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | |
| 115.253 (a) | Resident access to outside confidential support services | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible? | yes |
| 115.253 (b) | Resident access to outside confidential support services | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.253 (c) | Resident access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.254 (a) | Third party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| 115.261 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or | yes |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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